


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90032 022 ***150.00

DOCUMENT # S69340

1. Entity Name
 RES-CARE FLORIDA, INC.



Principal Place of Business Mailing Address
 10140 LINN STATION RD 10140 LINN STATION RD
 LOUISVILLE, KY 40223 US LOUISVILLE, KY 40223 US

60006255



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01092007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
 61-1204314 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GEARY, RONALD G 10140 LINN STATION RD LOUISVILLE, KY 40223	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DUNN, PAUL G 10140 LINN STATION RD LOUISVILLE, KY 40223	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS PETERS, MARY D 10140 LINN STATION RD LOUISVILLE, KY 40223	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WASKEY, DAVID S 10140 LINN STATION RD LOUISVILLE, KY 40223	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Ralph G. Gronfeld, Jr. 10140 Linn Station Road Louisville, Ky. 40223	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S/D Katherine W. Gilchrist 10140 Linn Station Road Louisville, Ky. 40223	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mary D. Peters MARY D. PETERS 1-9-07 502-394-2100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

60006255

#569340

RES-CARE FLORIDA, INC.

OFFICERS & DIRECTORS

OFFICERS

	<u>NAME</u>	<u>STREET</u>	<u>CITY</u>	<u>STATE</u>	<u>ZIP</u>
President	Ralph G. Gronefeld, Jr.	10140 Linn Station Road	Louisville	Kentucky	40223
Treasurer/Secretary	Katherine W. Gilchrist	10140 Linn Station Road	Louisville	Kentucky	40223
Vice President	Allen G. Marchetti	10140 Linn Station Road	Louisville	Kentucky	40223
Assistant Secretary	David S. Waskey	10140 Linn Station Road	Louisville	Kentucky	40223
Assistant Secretary	Mary D. Peters	10140 Linn Station Road	Louisville	Kentucky	40223
Assistant Treasurer	D. Ross Davison	10140 Linn Station Road	Louisville	Kentucky	40223
Assistant Treasurer	David W. Miles	10140 Linn Station Road	Louisville	Kentucky	40223

BOARD OF DIRECTORS

	<u>NAME</u>	<u>STREET</u>	<u>CITY</u>	<u>STATE</u>	<u>ZIP</u>
Director	Ralph G. Gronefeld, Jr.	10140 Linn Station Road	Louisville	Kentucky	40223
Director	Allen G. Marchetti	10140 Linn Station Road	Louisville	Kentucky	40223
Director	Katherine W. Gilchrist	10140 Linn Station Road	Louisville	Kentucky	40223