

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004139

FILED
Feb 17, 2015
Secretary of State
CC6412001885

Entity Name: NORTH RIVER CARE, INC.

Current Principal Place of Business:

1020 10TH AVE W
STE. 100
PALMETTO, FL 34221

Current Mailing Address:

1020 10TH AVE W
STE 100
PALMETTO, FL 34221 US

FEI Number: 01-0713126

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HARRISON, THOMAS W
1206 MANATEE AVE W
BRADENTON, FL 34205 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN
Name DOWNING, LORI
Address 1020 10TH AVE W
STE. 100
City-State-Zip: PALMETTO FL 34221

Title VC
Name WILSON, CATHY
Address 1020 10TH AVE W
STE. 100
City-State-Zip: PALMETTO FL 34221

Title SECRETARY
Name DODSON, DELFINA
Address 1020 10TH AVE W
STE. 100
City-State-Zip: PALMETTO FL 34221

Title TREASURER
Name GAY, JIM
Address 1020 10TH AVE W
STE. 100
City-State-Zip: PALMETTO FL 34221

Title OTHER
Name GILES, TERI
Address 1020 10TH AVE W
STE. 100
City-State-Zip: PALMETTO FL 34221

Title DIRECTOR
Name PRITCHETT, LARRY
Address 1020 10TH AVE W
STE. 100
City-State-Zip: PALMETTO FL 34221

Title DIRECTOR
Name FLETCHER, BUB
Address 1020 10TH AVE W
STE. 100
City-State-Zip: PALMETTO FL 34221

Title DIRECTOR
Name GROOVER, RICK
Address 1020 10TH AVE W
STE. 100
City-State-Zip: PALMETTO FL 34221

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TERI J GILES

EXECUTIVE DIRECTOR

02/17/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name KELLER, MIKE
Address 1020 10TH AVE W
 STE. 100
City-State-Zip: PALMETTO FL 34221

Title DIRECTOR
Name SCHAFFER, SHIRLEY
Address 1020 10TH AVE W
 STE. 100
City-State-Zip: PALMETTO FL 34221