

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004139

FILED
Jun 11, 2013
Secretary of State
CC2506780561

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 PRITCHETT, LARRY
Address 415 49TH ST E
City-State-Zip: PALMETTO FL 34221

Title VC
Name DURDEN, TIMOTHY
Address 3301 97TH ST E
City-State-Zip: PALMETTO FL 34221

Title SECRETARY
Name DOWNING, LORI
Address 3984 E STATE ROAD 64
City-State-Zip: BRADENTON FL 34208

Title TREASURER
Name GAY, JIM
Address 3984 ST RD 64
City-State-Zip: BRADENTON FL 34208

Title DIRECTOR
Name BOBBITT, IRV
Address 103 79TH ST NW
City-State-Zip: BRADENTON FL 34209

Title CEO
Name GILES, TERI
Address 2510 50TH ST CT E
City-State-Zip: PALMETTO FL 34221

Title DIRECTOR
Name BOBBITT, ELOISE
Address 103 79TH ST NW
City-State-Zip: BRADENTON FL 34209

Title DIRECTOR
Name WILSON, CATHY
Address 2415 33RD ST SE
City-State-Zip: RUSKIN FL 33570

Continues on page 2

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

06/11/2013

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name DODSON, DELFINA
Address 6241 136TH TERRACE E
City-State-Zip: PARRISH FL 34219

Title DIRECTOR
Name GROOVER, RICK
Address 811 44TH AVE E
City-State-Zip: ELLENTON FL 34222

Title DIRECTOR
Name FLETCHER, BUB
Address 3104 85TH ST E
City-State-Zip: PALMETTO FL 34221

Title DIRECTOR
Name KELLER, MIKE
Address 3604 70TH ST E
City-State-Zip: PALMETTO FL 34221