2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 12, 2020
Secretary of State
8122976950CC

DOCUMENT# N07000011638

Entity Name: HOME CARE BY GULF COAST VILLAGE, INC.

Current Principal Place of Business:

1660 DUKE ST
ALEXANDRIA, VA 22314

Current Mailing Address:

1660 DUKE ST
ALEXANDRIA, VA 22314 US

FEI Number: 26-1774290

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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	PRESIDENT, DIRECTOR
Name	KING, MICHAEL
Address	1660 DUKE ST
City-State-Zip:	ALEXANDRIA VA 22314

Title	ASST. SECRETARY, ASST. TREASURER
Name	GAVIN, NANCY
Address	1660 DUKE ST
City-State-Zip:	ALEXANDRIA VA 22314

Title	ASST. SECRETARY, ASST. TREASURER
Name	AHMADI, KEVIN
Address	1660 DUKE ST
City-State-Zip:	ALEXANDRIA VA 22314

Title	DIRECTOR
Name	WAKEFIELD, STEPHEN
Address	1660 DUKE ST
City-State-Zip:	ALEXANDRIA VA 22314

Title	ASST. SECRETARY, ASST. TREASURER
Name	WILSON-GENO, SHARON
Address	1660 DUKE ST
City-State-Zip:	ALEXANDRIA VA 22314

Title	ASST. SECRETARY, ASST. TREASURER
Name	BUDZYNSKI, JOSEPH
Address	1660 DUKE ST
City-State-Zip:	ALEXANDRIA VA 22314

Title	DIRECTOR
Name	DALE , KAREN
Address	1660 DUKE ST
City-State-Zip:	ALEXANDRIA VA 22314

Title	DIRECTOR, SECRETARY
Name	CARRINGTON, EDWINA
Address	1660 DUKE ST
City-State-Zip:	ALEXANDRIA VA 22314

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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: NANCY GAVIN — ASSISTANT SECRETARY/ASSISTANT TREASURER — 08/12/2020

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	EDEBURN, ANDY
Address	1660 DUKE ST
City-State-Zip:	ALEXANDRIA VA 22314

Title	DIRECTOR, CHAIRPERSON
Name	BURKS , JANE
Address	1660 DUKE ST
City-State-Zip:	ALEXANDRIA VA 22314

Title	DIRECTOR, TREASURER
Name	ARNOLD, PATTI ANDREINI
Address	1660 DUKE ST
City-State-Zip:	ALEXANDRIA VA 22314

Title	DIRECTOR
Name	KNAPP, KEITH
Address	1660 DUKE ST
City-State-Zip:	ALEXANDRIA VA 22314

Title	DIRECTOR
Name	DOLAN, THOMAS
Address	1660 DUKE ST
City-State-Zip:	ALEXANDRIA VA 22314

Title	ASST. SECRETARY, ASST. TREASURER
Name	NUTZ, FAITH
Address	1660 DUKE ST
City-State-Zip:	ALEXANDRIA VA 22314

Title	DIRECTOR
Name	LEBLANC, JAMES
Address	1660 DUKE ST
City-State-Zip:	ALEXANDRIA VA 22314

Title	DIRECTOR
Name	BLOOM, SHAWN
Address	1660 DUKE ST
City-State-Zip:	ALEXANDRIA VA 22314

Title	DIRECTOR
Name	RASE, NANCY
Address	1660 DUKE ST
City-State-Zip:	ALEXANDRIA VA 22314

Title	DIRECTOR
Name	PETERSON, JEANNE
Address	1660 DUKE ST
City-State-Zip:	ALEXANDRIA VA 22314

Title	DIRECTOR
Name	PERKINS, DERRICK
Address	1660 DUKE ST
City-State-Zip:	ALEXANDRIA VA 22314

Title	DIRECTOR
Name	MULLEN, BETH ANN
Address	2701 F STREET
City-State-Zip:	SACRAMENTO CA 95816