

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011638

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

Current Principal Place of Business:

1333 SANTA BARBARA BLVD
CAPE CORAL, FL 33991

Current Mailing Address:

1333 SANTA BARBARA BLVD
CAPE CORAL, FL 33991

FEI Number: 26-1774290

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ESKIN, HAROLD S
1420 SE 47TH ST
CAPE CORAL, FL 33904 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
Name KING, MICHAEL
Address 1660 DUKE ST.
City-State-Zip: ALEXANDRIA WV 22314

Title SCTY
Name MOORE, CAROL
Address 635 FIRST STREET
City-State-Zip: ALEXANDRIA VA 22314

Title CHAIRMAN
Name KIKUMOTO, C. DAVID
Address 5299 DTC BLVD.
 425
City-State-Zip: GREENWOOD VILLAGE CO 80111

Title T
Name FELDMAN, NANCY
Address 500 STINSON BLVD., NE
City-State-Zip: MINNEAPOLIS MN 55413

Title DIRECTOR
Name COOPER, WILL
Address 17782 SKY PARK CIRCLE
City-State-Zip: IRVINE CA 92614

Title VC
Name MORLAND, JOHN
Address 3161 N. 20TH ST.
City-State-Zip: ARLINGTON VA 22201

Title DIRECTOR
Name SULLIVAN, MICHAEL
Address 12517 AVONDALE RIDGE DR
City-State-Zip: FT. WORTH TX 76179

Title DIRECTOR
Name SCHNARE, ANN B.
Address 3010 P STREET, NW
City-State-Zip: WASHINGTON DC 20007

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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: KEVIN AHMADI

ASSISTANT
SECRETARY/TREASURER

03/04/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASST. SECRETARY
Name KELLER, ROBIN
Address 1660 DUKE ST.
City-State-Zip: ALEXANDRIA VA 22314

Title AS/T
Name BUDZYNSKI, JOE
Address 1660 DUKE ST.
City-State-Zip: ALEXANDRIA VA 22314

Title AS/T
Name PERRY, DEBORAH
Address 7530 MARKET PLACE DR.
City-State-Zip: EDEN PRAIRIE MN 55344

Title AST
Name AHMADI, KEVIN
Address 1333 SANTA BARBARA BLVD
City-State-Zip: CAPE CORAL FL 33991

Title DIRECTOR
Name WAKEFIELD, STEVE
Address 700 N. PEARL ST.
City-State-Zip: DALLAS TX 75201

Title DIRECTOR
Name EDEBURN, ANDY
Address 29 NORTH WACKER DR.
1010
City-State-Zip: CHICAGO IL 60606

Title DIRECTOR
Name BURKS , JANE W
Address 3930 1/2 BROWNSBORO RD
City-State-Zip: LOUISVILLE KY 40207

Title AS/T
Name GAVIN, NANCY
Address 7530 MARKET PL. CR.
City-State-Zip: EDEN PRAIRIE MN 55344

Title ASST. SECRETARY
Name SHERIDAN, PATRICK
Address 1660 DUKE ST.
City-State-Zip: ALEXANDRIA VA 22314

Title AST
Name TURNBULL, THOMAS
Address 1660 DUKE STREET
City-State-Zip: ALEXANDRIA VA 22314

Title DIRECTOR
Name DALE , KAREN M.
Address 1120 VERMONT AVE
2ND FLOOR
City-State-Zip: WASHINGTON DC 20005

Title DIRECTOR
Name CARRINGTON, EDWINA
Address 404 CEDAR OAK DR.
City-State-Zip: AUSTIN TX 78746

Title DIRECTOR
Name LEBLANC, JAMES
Address 4152 CANAL ST
City-State-Zip: NEW ORLEANS LA 70119