2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2013
Secretary of State
CC3236413848

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Entity Name: FLORIDA PROFESSIONAL ASSOCIATION OF CARE GIVERS, INC.

Current Principal Place of Business:

1920 VERANO DRIVE
SUITE 205
HAINES CITY, FL 33844-8585

Current Mailing Address:

1920 VERANO DRIVE
SUITE 205
HAINES CITY, FL 33844-8585 US

FEI Number: 59-3485924

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEAH, JOAN
2553 ST GEORGE DRIVE
DAVENPORT, FL 33837 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	PD
Name	LEAH, JOAN
Address	2553 ST GEORGE DRIVE
City-State-Zip:	DAVENPORT FL 33837

Title	SD
Name	BAUMGARTNER, SHARON
Address	103 WEST CHESLEY AVENUE
City-State-Zip:	EUSTIS FL 32726

Title	D
Name	BOLOGNESE, BERNADETTE M
Address	217 WINTER RIDGE BLVD
City-State-Zip:	WINTER HAVEN FL 33881

Title	D
Name	JOHNSTON, SHIRLEY
Address	2553 ST GEORGE DR
City-State-Zip:	DAVENPORT FL 33837

Title	TD
Name	CARLETON-BUCHER, MARGARET T
Address	157 AUDUBON CT
City-State-Zip:	WINTER HAVEN FL 33884

Title	VD
Name	ANDREWS, RITA CNA
Address	141 2ND STREET
City-State-Zip:	HOLLY HILL FL 32117

Title	D
Name	WILLIAMS, STEVE
Address	1920 VERANO DRIVE #205
City-State-Zip:	HAINES CITY FL 33844

Title	D
Name	GAY, CAROLYN
Address	810 9TH STREET
City-State-Zip:	MULBERRY FL 33860

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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: MARGARET T. CARLETON-BUCHER SECRETARY 03/18/2013

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	D
Name	CARNAGO, TIMOTHY
Address	840 WILDWOOD CIRCLE
City-State-Zip:	PORT ORANGE FL 32127

Title	D
Name	STREBEL, NANCY
Address	11515 84TH AVE NORTH
City-State-Zip:	SEMINOLE FL 33772