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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **752595**

1. Corporation Name
CARING COMMUNITY CARE, INC.

Principal Place of Business	Mailing Address
1918 PASSAIC AVE. APT. 2 FT. MYERS FL 33931-4211 US	5545 AVENIDA PESCADORA FT MYERS BCH FL 33931-4211

2. Principal Place of Business 21 1918 PASSAIC AVE	2a. Mailing Address 26 5545 AVENIDA PESCADORA	3. Date Incorporated or Qualifed 05/23/1980
Suite, Apt. #, etc. 22 APT 2	Suite, Apt. #, etc. 27	4. FEI Number 59-2004799 ☐ Applied For ☐ Not Applicable
City & State 23 FORT MYERS FLA	City & State 28 FORT MYERS BCH FLA	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip / Country 24 33901 25 LEE	Zip / Country 29 33931 30 LEE	6. Election Campaign Financing Trust Fund Contribution ☒ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

ROBERTSON, MARY E.
5545 AVENIDA PESCADORA
FT. MYERS BEACH FL 33931

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE MARY E. ROBERTSON EXEC. DIRECTOR FEBRUARY 1 1999
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HADAWANITZ, PATRICIA		1.2 NAME	
STREET ADDRESS	5545 AVENIDA PESCADORA		1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS BCH FL		1.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ROBERTSON, MARY E		2.2 NAME	
STREET ADDRESS	5545 AVENIDA PESCADORA		2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS BCH. FL		2.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MARY L. JEHS		3.2 NAME	
STREET ADDRESS	854 SANTA MARIA CT.		3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPERVILLE IL		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mary E. Robertson SIGNATURE MARY E. ROBERTSON 2/1/99 941 463 7185
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #