2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2004 08:00 AM
Secretary of State

752595

1. Entity Name
CARING COMMUNITY CARE, INC.

Principal Place of Business	Mailing Address
1918 PASSAIC APT. 2 FT. MYERS, FL 33901 US	5545 AVENIDA PESCADORA FT MYERS BCH, FL 33931-4211

DO NOT WRITE IN THIS SPACE

07262004

4. FEI Number
59-2004799

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75**

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00**

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	HADAWANITZ, PATRICIA
STREET ADDRESS	5545 AVENIDA PESCADORA
CITY-ST-ZIP	FT. MYERS BCH, FL
TITLE	PD
NAME	ROBERTSON, MARY E
STREET ADDRESS	5545 AVENIDA PESCADORA
CITY-ST-ZIP	FT. MYERS BCH., FL
TITLE	VD
NAME	MARY L. JEHS
STREET ADDRESS	854 SANTA MARIA CT.
CITY-ST-ZIP	NAPERVILLE, IL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000169214
08/02/04-80015-011 61.25

DO NOT WRITE IN THIS SPACE

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mary E Robertson MARY E. ROBERTSON 2394637185
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #