


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90048 038 ****61.25

DOCUMENT # N06000004010

1. Entity Name
CARES SUICIDE PREVENTION, INC.



Principal Place of Business
**1125 SE 22 ST
 CAPE CORAL, FL 33990**

Mailing Address
**1125 SE 22 ST
 CAPE CORAL, FL 33990**

4000000



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

03042008 Chg-NP CR2E037 (12/06)

4. FEI Number
20-4679724

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CERVASIO, VIRGINIA
 1125 SE 22 ST.
 CAPE CORAL, FL 33990**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P	CERVASIO, VIRGINIA	1125 SE 22 ST.	CAPE CORAL, FL 33990	<input type="checkbox"/>
VP	LAINO, EMILY	1125 SE 22 ST.	CAPE CORAL, FL 33990	<input type="checkbox"/>
SEC	CONSTANTINE, KIMBERLY	3908 OASIS BLVD.	CAPE CORAL, FL 33914	<input type="checkbox"/>
TRES	BASILE, LINDA	5256 CORONADO PKWY	CAPE CORAL, FL 33904	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Virginia Cervasio VIRGINIA CERVASIO Date: _____ Daytime Phone #: 239-834-9240

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR