

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004010

FILED  
May 01, 2009  
Secretary of State

Entity Name: CARES SUICIDE PREVENTION, INC.

**Current Principal Place of Business:**

1125 SE 22 ST  
CAPE CORAL, FL 33990

**New Principal Place of Business:**

**Current Mailing Address:**

1125 SE 22 ST  
CAPE CORAL, FL 33990

**New Mailing Address:**

FEI Number: 20-4679724      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CERVASIO, VIRGINIA  
1125 SE 22 ST.  
CAPE CORAL, FL 33990      US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: CERVASIO, VIRGINIA  
Address: 1125 SE 22 ST.  
City-St-Zip: CAPE CORAL, FL 33990

Title: VP      ( ) Delete  
Name: LAINO, EMILY  
Address: 1125 SE 22 ST.  
City-St-Zip: CAPE CORAL, FL 33990

Title: SEC      ( ) Delete  
Name: CONSTANTINE, KIMBERLY  
Address: 3908 OASIS BLVD.  
City-St-Zip: CAPE CORAL, FL 33914

Title: TRES      ( ) Delete  
Name: BASILE, LINDA  
Address: 5256 CORONADO PKWY  
City-St-Zip: CAPE CORAL, FL 33904

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: VIRGINIA CERVASIO

P

05/01/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date