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Mar 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N30552 (6)

1. Corporation Name
CARING & COPING, INC.



Principal Place of Business: 1418 S.E. 47TH ST. CAPE CORAL FL 33904
Mailing Address: 1418 S.E. 47TH ST. CAPE CORAL FL 33904-9634

3. Date Incorporated or Qualified: 02/08/1989
3a. Date of Last Report: 03/25/1996

2. Principal Place of Business: 21 1222 S.E. Street
2a. Mailing Address: 26 1222 S.E. 47th Street

4. FEI Number: 65-0102671
Applied For: Not Applicable

22 Suite, Apt. #, etc.
27 Suite, Apt. #, etc.

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

23 Cape Coral, FL
28 Cape Coral, FL

6. Election Campaign Financing: \$5.00 May Be Added to Fees

24 33904 25 Lee 29 33904 30 Lee

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: BAKER, HELEN E. 1418 S.E. 47TH ST. CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

81 Name: BAKER, HELEN E
82 Street Address (P.O. Box Number is Not Acceptable): 1222 S.E. 47th Street
83
84 City: CAPE CORAL FL 85 Zip Code: 33904

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: VD DELETE
NAME: HUDSON, SUSAN C.
STREET ADDRESS: 17101 PLEASURE RD.
CITY-ST-ZIP: CAPE CORAL FL

1.1 TITLE: SD Change Addition
1.2 NAME: Teddi Fernandez
1.3 STREET ADDRESS: 16011 Carver Gardens Drive
1.4 CITY-ST-ZIP: Fort Myers, FL 33908

TITLE: SD DELETE
NAME: CHURCH, DONNA
STREET ADDRESS: 2419 E. MALL DR. #22
CITY-ST-ZIP: FT. MYERS FL

2.1 TITLE: PD Change Addition
2.2 NAME: Donna Church
2.3 STREET ADDRESS: 2421 E. Mall Drive
2.4 CITY-ST-ZIP: Ft. Myers, FL 33901

TITLE: TD DELETE
NAME: DUFFALA, DENNIS
STREET ADDRESS: 3534 S.E. 19TH AVE.
CITY-ST-ZIP: CAPE CORAL FL

3.1 TITLE: TD Change Addition
3.2 NAME: Lois Tomich
3.3 STREET ADDRESS: 19125 Meadow Brook Court
3.4 CITY-ST-ZIP: Fort Myers, FL 33903

TITLE: PD DELETE
NAME: BAKER, HELEN E.
STREET ADDRESS: 3612 SE 9TH PLACE
CITY-ST-ZIP: CAPE CORAL FL

4.1 TITLE: VD Change Addition
4.2 NAME: Helen E. Baker
4.3 STREET ADDRESS: 3612 S.E. 9th Place
4.4 CITY-ST-ZIP: Cape Coral, FL 33904

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

5.1 TITLE: Change Addition
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY-ST-ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

6.1 TITLE: Change Addition
6.2 NAME:
6.3 STREET ADDRESS:
6.4 CITY-ST-ZIP:

14. I do 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.

SIGNATURE: *Donna Church* Donna Church 10 MARCH 97 941/275-9541

CR2E037 (9/96)