

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90116 037 ****61.25

0035904

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N30552

1. Corporation Name
CARING & COPING, INC.

376462 - 90116 - 37

Principal Place of Business: 1222 SE ST, CAPE CORAL FL 33904, US
 Mailing Address: 1222 SE 47 ST, CAPE CORAL FL 33904, US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/08/1989	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0102671	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
BAKER, HELEN E. 1222 SE 47 ST CAPE CORAL FL 33904				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code
				FL	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	SA <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, TEDDI	1.2 NAME	Dana Kinnard
STREET ADDRESS	18011 CARVER GARDENS DR	1.3 STREET ADDRESS	6940 Penzance Blvd
CITY-ST-ZIP	FT MYERS FL	1.4 CITY-ST-ZIP	Fort Myers, FL 33912
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHURCH, DONNA	2.2 NAME	
STREET ADDRESS	2419 E. MALL DR. #22	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	2.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Treas - Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOMICH, LOIS	3.2 NAME	Jo E. Beauvois
STREET ADDRESS	19125 MEADOW BROOK CT	3.3 STREET ADDRESS	1532 S.W. 52nd Ln
CITY-ST-ZIP	FT MYERS FL	3.4 CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, HELEN E.	4.2 NAME	
STREET ADDRESS	3612 SE 9TH PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	ALD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	Lory Kirby
STREET ADDRESS		5.3 STREET ADDRESS	1222 SE 47th ST #201
CITY-ST-ZIP		5.4 CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Helen Baker SIGNATURE REQUIRED 4-6-99 841-945-0338
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/1/98)