

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004615

FILED
Apr 29, 2008
Secretary of State

Entity Name: A CARING CONNEXION, INC.

Current Principal Place of Business:

614 ALHAMBRA AVE.
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

2729 DORADO CT
APOPKA, FL 32703

Current Mailing Address:

614 ALHAMBRA AVE.
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

2729 DORADO CT
APOPKA, FL 32703

FEI Number: 26-0156917

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRANDON, KEYA
614 ALHAMBRA AVE.
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

BRANDON, KEYA
2729 DORADO CT
APOPKA, FL 32703 US

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:

04/29/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BRANDON, KEYA
Address: 614 ALHAMBRA AVE.
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: V () Delete
Name: FLORENCE, QUINETTA
Address: 550 HATTAWAY DR., UNIT 3
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: S () Delete
Name: SHORT, CHERYLE
Address: 6 CLARENCE ST.
City-St-Zip: DOVER, DE 19901

Title: T () Delete
Name: SNODDY, VANESSA
Address: 3930 HILLINGDON RD.
City-St-Zip: TAVARES, FL 32778

Title: T () Delete
Name: COFFEE, NIKEA
Address: 10361 DYLAND ST., APT. 1032
City-St-Zip: ORLANDO, FL 32825

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BRANDON, KEYA
Address: 2729 DORADO CT
City-St-Zip: APOPKA, FL 32703

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: KEYA BRANDON

PRES

04/29/2008

Electronic Signature of Signing Officer or Director

Date