

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006308

FILED  
Jan 06, 2011  
Secretary of State

**Entity Name:** A CAREGIVERS EQUIPMENT CONNECTION CORP.

**Current Principal Place of Business:**

645 SANDERLILNG DR.  
INDIALANTIC, FL 32903

**New Principal Place of Business:**

**Current Mailing Address:**

645 SANDERLILNG DR.  
INDIALANTIC, FL 32903

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

RENKIEWICZ, GALE  
645 SANDERLILNG DR.  
INDIALANTIC, FL 32903 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  
Name: RENKIEWICZ, GALE  
Address: 645 SANDERLILNG DR.  
City-St-Zip: INDIALANTIC, FL 32903

I hereby 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 all other like empowered.

SIGNATURE: GALE RENKIEWICZ

RA

01/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date