

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011184

FILED  
Feb 18, 2011  
Secretary of State

Entity Name: CARE CONNECTIONS, INC.

**Current Principal Place of Business:**

5905 BRECKENRIDGE PKWY  
STE F  
TAMPA, FL 336104239

**New Principal Place of Business:**

**Current Mailing Address:**

5905 BRECKENRIDGE PKWY  
STE F  
TAMPA, FL 336104239

**New Mailing Address:**

FEI Number: 20-2810644

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BAKAS, JOHN W JR  
150 E BLOOMINGDALE AVENUE  
BRANDON, FL 33511 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: PRES  
Name: HARRELL, CHERYL T  
Address: 8509 PARROTS LANDING  
City-St-Zip: TAMPA, FL 33647

Title: VP  
Name: BOYCE, PATRICIA  
Address: 1335 ROBIN HOOD LANE, SOUTH  
City-St-Zip: LAKELAND, FL 33813

Title: TREA  
Name: HEMNESS, EMMA  
Address: 205 NORTH PARSONS AVENUE  
City-St-Zip: BRANDON, FL 33510

Title: SEC  
Name: KINSLER, CATHALENE  
Address: 601 OVERLAND DR  
City-St-Zip: BRANDON, FL 33511

Title: CEO  
Name: KELLY, MAUREEN  
Address: 5905 BRECKENRIDGE PARKWAY  
City-St-Zip: TAMPA, FL 33610

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: MAUREEN KELLY

CEO

02/18/2011

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

\_\_\_\_\_  
Date