

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000006934

**Entity Name:** CARING CAPS INC.

**Current Principal Place of Business:**

985 PEACHLAND AVE NE  
PALM BAY, FL 32907

**Current Mailing Address:**

985 PEACHLAND AVE NE  
PALM BAY, FL 32907 US

**FEI Number:** 46-0632245

**Certificate of Status Desired:** No

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

BARTON, NATALIE E  
985 PEACHLAND AVE NE  
PALM BAY, FL 32907 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title P  
Name BARTON, NATALIE E  
Address 985 PEACHLAND AVE NE  
City-State-Zip: PALM BAY FL 32907

Title OFFICER  
Name ROBINSON, SHANI  
Address 432 ELDRON BLVD NE  
City-State-Zip: PALM BAY FL 32907

Title TREASURER  
Name BARTON, JILL K  
Address 985 PEACHLAND AVE NE  
City-State-Zip: PALM BAY FL 32907

Title COO  
Name DRUMMOND, JEREMY  
Address 2981 DENVER AVE SE  
City-State-Zip: PALM BAY FL 32909

Title CHAIRMAN  
Name CUNDIFF, MEGAN  
Address 515 BALCOM TERRACE  
City-State-Zip: PALM BAY FL 32909

Title VP  
Name CAMPIONE, KATHERINE  
Address 985 PEACHLAND AVE NE  
City-State-Zip: PALM BAY FL 32907

Title SECRETARY  
Name SANCHEZ, JESUS  
Address 902 ULSTER AVE  
City-State-Zip: PALM BAY FL 32909

Title OFFICER  
Name LIDE, LAUREN  
Address 270 NAYLOR ST NE  
City-State-Zip: PALM BAY FL 32907

*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:** NATALIE BARTON

**PRESIDENT**

**04/21/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date