

**2015 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            PRESIDENT, CHAIRMAN  
Name            BARTON, NATALIE E  
Address        985 PEACHLAND AVE NE  
City-State-Zip: PALM BAY FL 32907

Title            OFFICER  
Name            FINNK, BRIANNA  
Address        985 PEACHLAND AVE NE  
City-State-Zip: PALM BAY FL 32907

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

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

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

Title            OFFICER  
Name            GOLD, MONICA  
Address        985 PEACHLAND AVE NE  
City-State-Zip: PALM BAY FL 32907

Title            OFFICER  
Name            PEEBLES, RACHEL  
Address        985 PEACHLAND AVE NE  
City-State-Zip: PALM BAY FL 32907

Title            CFO  
Name            KIBLER, JILL ELIZABETH  
Address        985 PEACHLAND AVE NE  
City-State-Zip: PALM BAY FL

*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

MS.

04/23/2015

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

\_\_\_\_\_  
Date