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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 725714					
1. Corporation Name COMMUNITY AGING AND RETIREMENT SERVICES, INC.					
Principal Place of Business 7505 ROTTINGHAM ROAD PT RICHEY FL 34668-2648 US			Mailing Address 7505 ROTTINGHAM ROAD PT RICHEY FL 34668-2648 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 03/05/1973	
24		25		29	
26		27		30	
9. Name and Address of Current Registered Agent AYCRIGG, WILLIAM 7505 ROTTINGHAM ROAD PORT RICHEY FL 34668			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE NAME S STREET ADDRESS YOUNG, EARL H CITY-ST-ZIP 5435 GALL BOULEVARD ZEPHYRHILL FL			1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME VICE-PRESIDENT 1.3 STREET ADDRESS YOUNG, EARL H 1.4 CITY-ST-ZIP 5435 GALL BOULEVARD ZEPHYRHILLS, FL 33541		
TITLE <input checked="" type="checkbox"/> DELETE NAME T STREET ADDRESS LOONEY, K J CITY-ST-ZIP 7425 CANDLELIGHT COURT NEW PORT RICHEY FL			2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME TREASURER 2.3 STREET ADDRESS PRIOR, BOB 2.4 CITY-ST-ZIP 3106 WAVERLY AVENUE TAMPA, FL 33629		
TITLE <input type="checkbox"/> DELETE NAME P STREET ADDRESS HILDEBRAND, ANN CITY-ST-ZIP 5400 PILOTS PLACE NEW PORT RICHEY FL			3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME DIRECTOR 3.3 STREET ADDRESS HILDEBRAND, ANN 3.4 CITY-ST-ZIP 5400 PILOTS PLACE NEW PORT RICHEY, FL 34652		
TITLE <input type="checkbox"/> DELETE NAME D STREET ADDRESS KEYES, CAROL CITY-ST-ZIP 5451 WINDWARD WAY NEW PORT RICHEY FL			4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME DIRECTOR 4.3 STREET ADDRESS JEWEL L. LEWIS 4.4 CITY-ST-ZIP 28752 HANGING MOSS LOOP WESLEY CHAPEL, FL 33543-6457		
TITLE <input type="checkbox"/> DELETE NAME VP STREET ADDRESS VIRGADAMO, MICHAEL A CITY-ST-ZIP 7505 ROTTINGHAM ROAD PORT RICHEY FL			5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME PRESIDENT 5.3 STREET ADDRESS VIRGADAMO, MICHAEL A 5.4 CITY-ST-ZIP 7505 ROTTINGHAM ROAD PORT RICHEY, FL 34668		
TITLE <input type="checkbox"/> DELETE NAME D STREET ADDRESS JONES, SANDRA CITY-ST-ZIP 13981 PARADISE LANE DADE CITY FL			6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6.2 NAME SECRETARY 6.3 STREET ADDRESS YACHT, MARC J 6.4 CITY-ST-ZIP 10841 LITTLE ROAD NEW PORT RICHEY, FL 34654		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael A. Virgadamo
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED SIGNATURE
MICHAEL VIRGADAMO
PRESIDENT

Date

813/229-4235

Daytime Phone #

CR2E037 (11/98)