

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725714

FILED
Apr 28, 2004
Secretary of State

Entity Name: COMMUNITY AGING AND RETIREMENT SERVICES, INC.

Current Principal Place of Business:

7505 ROTTINGHAM ROAD
PT RICHEY, FL 346682648 US

New Principal Place of Business:

Current Mailing Address:

7505 ROTTINGHAM ROAD
PT RICHEY, FL 346682648 US

New Mailing Address:

FEI Number: 23-7348090

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

AYCRIGG, WILLIAM
7505 ROTTINGHAM ROAD
PORT RICHEY, FL 34668 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: D () Delete
Name: YOUNG, EARL H
Address: 5435 GALL BOULEVARD
City-St-Zip: ZEPHYRHILL, FL 33541

Title: C () Delete
Name: PRIOR, BOB
Address: 3106 WAVERLY AVE
City-St-Zip: TAMPA, FL 33629

Title: S () Delete
Name: YACHT, MARC T
Address: 10841 LITTLE RD
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: VC () Delete
Name: KEYES, CAROL
Address: 90 HIGHLAND AVENUE, S6
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D () Delete
Name: JONES, SANDRA J
Address: 13961 PARADISE LANE
City-St-Zip: DADE CITY, FL 33525

Title: T () Delete
Name: MICKENS, JOAN
Address: 8417 OLD CR 54
City-St-Zip: NEW PORT RICHEY, FL 34653

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VC (X) Change () Addition
Name: YACHT, MARC T
Address: 10841 LITTLE RD
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: S (X) Change () Addition
Name: CAMPBELL, MARTHA S
Address: 16317 EAST COURSE DR.
City-St-Zip: TAMPA, FL 33624

Title: D (X) Change () Addition
Name: KEYES, CAROL M
Address: 90 HIGHLAND AVE, S-6
City-St-Zip: TARPON SPRINGS, FL 34689

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BOB PRIOR

C

04/28/2004

Electronic Signature of Signing Officer or Director

Date

MARY GIELLA/DIRECTOR
P.O. BOX 535
SAN ANTONIO, FL 33576

DONNA FRAZIER/DIRECTOR
10220 U S HWY 19 N.
PORT RICHEY, FL 34668

S.K.RAO MUSUNURU/DIRECTOR
14100 FIVAY RD.,#160
HUDSON, FL 34667

ROSE FERNANDEZ/DIRECTOR
13438 FT. KING RD.
DADE CITY, FL 33523

MARY E. CRISP/DIRECTOR
36702 S.R.52
DADE CITY, FL 33525