## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#725714**

FILED Jan 17, 2006 Secretary of State

Entity Name: COMMUNITY AGING AND RETIREMENT SERVICES, INC.

**Current Principal Place of Business: New Principal Place of Business:** 7505 ROTTINGHAM ROAD PT RICHEY, FL 346682648 US **Current Mailing Address: New Mailing Address:** 7505 ROTTINGHAM ROAD PT RICHEY, FL 346682648 US FEI Number: 23-7348090 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: AYCRIGG, WILLIAM 7505 ROTTINGHAM ROAD PORT RICHEY, FL 34668 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MUSUNURU, RAO Name: Name: 14100 FIVAY ROAD #160 Address: Address: City-St-Zip: HUDSON, FL 34667 City-St-Zip: Title: ( ) Delete Title: () Change () Addition PRIOR, BOB Name: Name: Address: 3106 WAVERLY AVE Address: City-St-Zip: TAMPA, FL 33629 City-St-Zip: Title: VC. () Delete Title: (X) Change ( ) Addition GIELLA, MARY Name: GIELLA, MARY Name: Address: 37104 CLINTON AVE Address: 37104 CLINTON AVE City-St-Zip: DADE CITY, FL 33525 City-St-Zip: DADE CITY, FL 33525 Title: ( ) Delete Title: () Change () Addition CAMPBELL, MARTHA S Name: Name: 16317 EAST COURSE DR. Address: Address: City-St-Zip: TAMPA, FL 33624 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition KEYES, CAROL M KEYES, CAROL M Name: Name: 90 HIGHLAND AVE, S-6 90 HIGHLAND AVE, S-6 Address: Address: TARPON SPRINGS, FL 34689 City-St-Zip: City-St-Zip: TARPON SPRINGS, FL 34689 Title: () Delete Title: (X) Change ( ) Addition MICKENS, JOAN CONROY, ROBERT V JR. Name: Name: Address: 8417 OLD CR 54 Address: 14000 FIVAY ROAD NEW PORT RICHEY, FL 34653 HUDSON, FL 34667 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: WILLIAM AYCRIGG P 01/17/2006