FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000005419 (7)**

1. Corporation Name

CARING INSTITUTE INCORPORATED

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
320 A STREET, NE WASHINGTON DC 20002	513 C ST., NE WASHINGTON DC 20002

3. Date Incorporated or Qualified: **11/30/1993**

3a. Date of Last Report: **05/17/1994**

4. FEI Number: **52-1666513** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21):

2a. Mailing Address (26):

Suite, Apt. #, etc. (22):

Suite, Apt. #, etc. (27):

City & State (23):

City & State (28):

Zip (24): Country (25):

Zip (29): Country (30):

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LAWING, ANGELA 543 W. HARVARD STREET ORLANDO FL 32801	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (Signature required if printed name of registered agent appears above.) (New Registered Agent's signature required when listed.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	11 TITLE	☐ Change ☐ Addition
NAME	MOSS, FRANK HON	12 NAME	
STREET ADDRESS	1000 WALKER CTR.	13 STREET ADDRESS	
CITY, ST, ZIP	SALT LAKE CITY UT 84111	14 CITY, ST, ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	FLEMMING, ARTHUR HON	22 NAME	
STREET ADDRESS	400 MADISON ST.	23 STREET ADDRESS	
CITY, ST, ZIP	ALEXANDRIA VA 22314	24 CITY, ST, ZIP	
TITLE	TS	31 TITLE	☐ Change ☐ Addition
NAME	LANDWIRTH, HENRI	32 NAME	
STREET ADDRESS	210 S. BASS RD.	33 STREET ADDRESS	
CITY, ST, ZIP	KISSIMMEE FL 34746	34 CITY, ST, ZIP	
TITLE	DP	41 TITLE	☐ Change ☐ Addition
NAME	HALAMANDARIS, BILL	42 NAME	
STREET ADDRESS	513 C ST., NE	43 STREET ADDRESS	
CITY, ST, ZIP	WASHINGTON DC 20002	44 CITY, ST, ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	BREMER, GARY	52 NAME	
STREET ADDRESS	6600 POWERS FERRY RD	53 STREET ADDRESS	
CITY, ST, ZIP	ATLANTA GA	54 CITY, ST, ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	JONES, HUGH	62 NAME	
STREET ADDRESS	50 NORTH LAURA ST	63 STREET ADDRESS	
CITY, ST, ZIP	JACKSONVILLE FL	64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____ Bill Halamandaris 4/25/95 202-547-4273

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0075820