

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K12738

FILED
Mar 24, 2009
Secretary of State

Entity Name: THE CARE BRIDGE CORPORATION

Current Principal Place of Business:

6481 SPARTINA CIRCLE
JUPITER, FL 33458

New Principal Place of Business:

Current Mailing Address:

6481 SPARTINA CIRCLE
JUPITER, FL 33458

New Mailing Address:

FEI Number: 65-0027474

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPARKS, CHARLES T
6481 SPARTINA CIRCLE
JUPITER, FL 33458 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SPARKS, CHARLES T
Address: 6481 SPARTINA CIRCLE
City-St-Zip: JUPITER, FL 33458

Title: DSV () Delete
Name: SPARKS, CAROLYN C
Address: 6481 SPARTINA CIRCLE
City-St-Zip: JUPITER, FL 33458

Title: DT () Delete
Name: SPARKS, DANIELLE
Address: 6481 SPARTINA CIRCLE
City-St-Zip: JUPITER, FL 33458

Title: D () Delete
Name: MCLAURIN, MARINA
Address: 3461 ROBINSON STREET
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D () Delete
Name: SPARKS, RYAN
Address: 6481 SPARTINA CR
City-St-Zip: JUPITER, FL 33458

Title: D () Delete
Name: MANGIAPANE, MARY ANN
Address: 71 TAONTON RD
City-St-Zip: MEDFORD, NJ 08055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: D (X) Change () Addition
Name: MANGIAPANE, MARY ANN
Address: 5 POINTE VIEW CIRCLE
City-St-Zip: MEDFORD, NJ 08055

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES T. SPARKS

PRES

03/24/2009

Electronic Signature of Signing Officer or Director

Date