

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 18, 2007 08:00 AM
Secretary of State

DOCUMENT # N02000000979

1. Entity Name
THE CARING HOUSE PROJECT, INC.



Principal Place of Business
1177 GEORGE BUSH BLVD
STE 202
DELRAY BEACH, FL 33483 US

Mailing Address
1177 GEORGE BUSH BLVD
STE 202
DELRAY BEACH, FL 33483 US



04112007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
71-0865799

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ELK, SCOTT A
4800 N FEDERAL HWY STE 200E
BOCA RATON, FL 33431

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MCKINNEY, FRANK E III
STREET ADDRESS	1177 GEORGE BUSH BLVD
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	D
NAME	MCKINNEY, NILSSA C
STREET ADDRESS	1177 GEORGE BUSH BLVD
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	D
NAME	MCKINNEY, ROBERT W
STREET ADDRESS	10902 THREE HUNDRED YARD DRIVE
CITY-ST-ZIP	FISHERS, IN 46038
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

U000000715513
04/27/07-80069-007 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/07

Date

361-274-9696

Daytime Phone #