

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000447

Entity Name: C.A.R.E.S. HELPS INC.

FILED  
May 01, 2004  
Secretary of State

## Current Principal Place of Business:

2626 B LAKE DRIVE  
SINGER ISLAND, FL 33404

## New Principal Place of Business:

321 NORTH LAKE BLVD  
102  
NORTH PALM BEACH, FL 33408

## Current Mailing Address:

2626 B LAKE DRIVE  
SINGER ISLAND, FL 33404

## New Mailing Address:

321 NORTH LAKE BLVD  
102  
NORTH PALM BEACH, FL 33408

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WALLICK, MITCHELL E  
2626 B LAKE DRIVE  
SINGER ISLAND, FL 33404

## Name and Address of New Registered Agent:

WALLICK, MITCHELL E  
8568 NW 28TH COURT  
CORAL SPRINGS, FL 33065

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: MITCHELL E WALLICK

05/01/2004

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: WALLICK, MITCHELL E  
Address: 2626 B LAKE DRIVE  
City-St-Zip: SINGER ISLAND, FL 33404

Title: D ( ) Delete  
Name: WALLICK, AIMEE E  
Address: 2626 B LAKE DRIVE  
City-St-Zip: SINGER ISLAND, FL 33404

Title: D ( ) Delete  
Name: NAVERSEN, SUSAN  
Address: 2626 B LAKE DRIVE  
City-St-Zip: SINGER ISLAND, FL 33404

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: WALLICK, MITCHELL E  
Address: 8568 NW 28TH COURT  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D (X) Change ( ) Addition  
Name: WALLICK, AIMEE E  
Address: 8568 NW 28TH COURT  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D (X) Change ( ) Addition  
Name: NAVERSEN, SUSAN  
Address: 8 TOURNAMENT WAY  
City-St-Zip: PALM BEACH GARDENS, FL 33418

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: MITCHELL E WALLICK

D

05/01/2004

Electronic Signature of Signing Officer or Director

Date