


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90043 036 ****61.25

DOCUMENT # N03158 1. Entity Name HIS CARING PLACE, INC.					
Principal Place of Business 2401 W. CYPRESS CREEK ROAD FT. LAUDERDALE, FL 33309				Mailing Address 2401 W. CYPRESS CREEK ROAD FT. LAUDERDALE, FL 33309	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2421621	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DAVIS, MARK T 2401 W. CYPRESS CREEK ROAD FT. LAUDERDALE, FL 33309				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LANATA, JOHN-NANCY		NAME	Lanata, John	
STREET ADDRESS	1841 NE 66 CT		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334		CITY-ST-ZIP		
TITLE	TD <input checked="" type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BENSON, DON-SHEILA		NAME	Aifion, Paul R.	
STREET ADDRESS	1530 NE 43RD STREET		STREET ADDRESS	2401 W. Cypress Creek Road	
CITY-ST-ZIP	OAKLAND PARK, FL 33334		CITY-ST-ZIP	Fort Lauderdale, FL 33309	
TITLE	DD <input checked="" type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GIONTI, JOEY-LORI		NAME	Davis, Mark T.	
STREET ADDRESS	1318 SW 74TH AVENUE		STREET ADDRESS	2401 W. Cypress Creek Road	
CITY-ST-ZIP	NORTH LAUDERDALE, FL 33068		CITY-ST-ZIP	Fort Lauderdale, FL 33309	
TITLE	DD <input checked="" type="checkbox"/> Delete		TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FUHR, RICK-LISA		NAME	Sander, Doug	
STREET ADDRESS	1100 SE 14TH TERRACE		STREET ADDRESS	2401 W. Cypress Creek Road	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441		CITY-ST-ZIP	Fort Lauderdale, FL 33309	
TITLE	DVP <input checked="" type="checkbox"/> Delete		TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WEST, ANNE		NAME	Thompson, Ava	
STREET ADDRESS	660 SE 12 ST		STREET ADDRESS	2401 W. Cypress Creek Road	
CITY-ST-ZIP	POMPANO BEACH, FL 33060		CITY-ST-ZIP	Fort Lauderdale, FL 33309	
TITLE	DS <input type="checkbox"/> Delete		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SADER, BOB-TAMMIE		NAME	SADER, Bob	
STREET ADDRESS	2900 OAK TREE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	OAKLAND PARK, FL 33309		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			PRESIDENT <small>Date</small>		
			2/3/04 <small>Date</small>		
			(954) 315-4240 <small>Daytime Phone #</small>		

See Attachment for additional Directors

Attachment

54003815-

2004 Not-for-Profit Corporation Annual Report
Document # N03158

Entity Name: His Caring Place, Inc.
2401 W. Cypress Creek Rd.
Ft. Lauderdale, FL 33309

FEI #: 59-2421621

Additional Directors:

11. Continued

D
Sader, Tammie
2900 Oak Tree Drive
Oakland Park, FL 33309

D
Fuhr, Rick
1100 SE 14th Terrace
Deerfield Beach, FL 33441

D
Fuhr, Lisa
1100 SE 14th Terrace
Deerfield Beach, FL 33441

D
Davis, Karen
2401 W. Cypress Creek Road
Fort Lauderdale, FL 33309
