

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000005323

FILED
Nov 07, 2005
Secretary of State

Entity Name: CARING HANDS CARING COMMUNITY, INC.

Current Principal Place of Business:

161 B MARINE STREET
ST. AUGUSTINE, FL 32084 US

New Principal Place of Business:

Current Mailing Address:

161 B MARINE STREET
ST. AUGUSTINE, FL 32084 US

New Mailing Address:

FEI Number: 20-1281263 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LAKE, LARRY B
161 B MARINE STREET
ST. AUGUSTINE, FL 32084 US

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: LARRY B. LAKE

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: LAKE, LARRY B
Address: P.O. BOX 1379
City-St-Zip: ST. AUGUSTINE, FL 32085 US

Title: DP () Delete
Name: BAILEY, MARK F
Address: P.O. BOX 590
City-St-Zip: ST. AUGUSTINE, FL 32085 US

Title: DVP () Delete
Name: BOLES, JOSEPH L JR.
Address: 19 RIBERIA STREET
City-St-Zip: ST. AUGUSTINE, FL 32084 US

Title: DST () Delete
Name: ABARE, WILLIAM T
Address: 311 ARPIEKA AVENUE
City-St-Zip: ST. AUGUSTINE, FL 32084 US

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:

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: LARRY B. LAKE

CEO

11/07/2005

Electronic Signature of Signing Officer or Director

Date