

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005323

FILED  
May 03, 2007  
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:**

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

**Name and Address of New Registered Agent:**

LAKE, LARRY B DR  
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 LAKE

05/03/2007

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK BAILEY

P

05/03/2007

Electronic Signature of Signing Officer or Director

Date