2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005323

FILED May 03, 2007 Secretary of State

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	Entity Na	me: CARING HANI	OS CARING COMMUNITY, INC	•		
Current Mailing Address: New Mailing Address: New Mailing Address: 161 B MARINE STREET ST. AUGUSTINE, FL 32084 US FEI Number: 20-1281263 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired 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 LAKE, LARRY B DR 161 B MARINE STREET ST. AUGUSTINE, FL 32084 US LAKE, LARRY B DR 161 B MARINE STREET ST. AUGUSTINE, FL 32084 US SIGNATURE: LARRY LAKE D5/03/2007 The above named entity submits this statement for the purpose of changing its registered office or registered agent, of in the State of Florida. SIGNATURE: LARRY LAKE Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIR Title: DC () Delete Name: LAKE, LARRY B Address: City-St-Zip: Title: DP () Delete Name: BALLEY, MARK F Address: City-St-Zip: Title: DVP () Delete Title: () Change () Addition Name: Address: City-St-Zip: Title: DVP () Delete Title: () Change () Addition Name: Address: City-St-Zip: Title: DYP () Delete Title: () Change () Addition Name: Address: City-St-Zip: Title: DYP () P Delete Title: () Change () Addition Name: Address: City-St-Zip: Title: DYP () P Delete Title: () Change () Addition Name: Address: City-St-Zip: Title: DYP () P Delete Title: () Change () Addition Name: Address: City-St-Zip: Title: DYP () P Delete Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: Addre	Current Principal Place of Business:			New Principal Place of Business:		
161 B MARINE STREET ST. AUGUSTINE, FL 32084 US FEI Number: 20-1281263 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired 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 The above named entity submits this statement for the purpose of changing its registered office or registered agent, of in the State of Florida. SIGNATURE: LARRY LAKE O5/03/2007 Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Address: City-St-Zip: ST. AUGUSTINE, FL 32085 US City-St-Zip: Title: DP () Delete Title: () Change () Addition Name: Address: 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: 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: 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: 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: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: () Delete City-St-Zip: City-St-Zip: City-St-Zip: City-St-Zip: () Change () Addition Name: Address: City-St-Zip: () Change () Addition Name: Address: City-St-Zip: () Change () Addition			US			
ST. AUGUSTINE, FL 32084 US FEI Number: 20-1281263 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired 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 The above named entity submits this statement for the purpose of changing its registered office or registered agent, of in the State of Florida. SIGNATURE: LARRY LAKE Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Address: City-St-Zip: Title: DC () Delete Name: LAKE, LARRY B 08 Address: City-St-Zip: Title: DP () Delete Title: DP ()	Current Mailing Address:			New Mailing Address:		
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 5T. AUGUSTINE, FL 32084 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or in the State of Florida. SIGNATURE: LARRY LAKE O5/03/2007 Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIR Title: DC () Delete Title: () Change () Addition Name: LAKE, LARRY B Address: City-St-Zip: ST. AUGUSTINE, FL 32085 US City-St-Zip: ST. AUGUSTINE, FL 32085 US City-St-Zip: Title: DP () Delete Name: BAILEY, MARK F Name: Address: P.O. BOX 590 City-St-Zip: ST. AUGUSTINE, FL 32085 US City-St-Zip: Title: DVP () Delete Title: () Change () Addition Name: BOLES, JOSEPH L JR. Address: 19 RIBERIA STREET City-St-Zip: ST. AUGUSTINE, FL 32084 US City-St-Zip: Title: DST () Delete Title: () Change () Addition Name: Address: 19 RIBERIA STREET City-St-Zip: ST. AUGUSTINE, FL 32084 US City-St-Zip: Title: DST () Delete Title: () Change () Addition Name: Address: 19 RIBERIA STREET City-St-Zip: Title: DST () Delete Title: () Change () Addition Name: Address: 311 ARPIEKA AVENUE						
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, of the State of Florida. SIGNATURE: LARRY LAKE D5/03/2007 Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: DC () Delete Title: () Change () Addition Name: LAKE, LARRY B Name: Address: City-St-Zip: ST. AUGUSTINE, FL 32085 US City-St-Zip: Title: DP () Delete Title: () Change () Addition Name: BAILEY, MARK F Name: Address: City-St-Zip: ST. AUGUSTINE, FL 32085 US City-St-Zip: Title: DVP () Delete Title: () Change () Addition Name: BOLES, JOSEPH L JR. Name: Address: 19 RIBERIA STREET Address: City-St-Zip: Title: DST () Delete Title: () Change () Addition Name: Address: Address: City-St-Zip: Title: () Change () Addition Name: Address: Address: City-St-Zip: Title: () Change () Addition Name: Address: Address: City-St-Zip: Title: () Change () Addition Name: Address: Address: Address: City-St-Zip: Title: () Change () Addition Name: Address:	In accordan	ice with s. 607.193(2)(b), F.S., the corporation did not receive	ve the prior notice.	, , , , , , , , , , , , , , , , , , , ,	
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, of in the State of Florida. SIGNATURE: LARRY LAKE Electronic Signature of Registered Agent Date OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: DC () Delete Title: () Change () Addition Name: LAKE, LARRY B Name: Address: P.O. BOX 1379 Address: City-St-Zip: ST. AUGUSTINE, FL 32085 US City-St-Zip: Title: DP () Delete Title: () Change () Addition Name: BAILEY, MARK F Name: Address: P.O. BOX 590 Address: City-St-Zip: ST. AUGUSTINE, FL 32085 US City-St-Zip: Title: DVP () Delete Title: () Change () Addition Name: BAILEY, MARK F Name: Address: 19 RIBERIA STREET Address: City-St-Zip: ST. AUGUSTINE, FL 32084 US City-St-Zip: Title: DST () Delete Title: () Change () Addition Name: BOLES, JOSEPH L JR. Name: Address: 19 RIBERIA STREET Address: City-St-Zip: ST. AUGUSTINE, FL 32084 US City-St-Zip: Title: DST () Delete Title: () Change () Addition Name: ABARE, WILLIAM T Name: Address: 311 ARPIEKA AVENUE Address:	Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
in the State of Florida. SIGNATURE: LARRY LAKE D5/03/2007 Electronic Signature of Registered Agent Date	161 B MARINE STREET			161 B MARINE STREET		
Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIR Title: DC () Delete Name: LAKE, LARRY B Address: P.O. BOX 1379 City-St-Zip: ST. AUGUSTINE, FL 32085 US Title: DP () Delete Title: () Change () Addition Name: BAILEY, MARK F Name: Address: P.O. BOX 590 Address: City-St-Zip: Title: DVP () Delete Title: () Change () Addition Name: BOLES, JOSEPH L JR. Name: Address: 19 RIBERIA STREET City-St-Zip: Title: DST () Delete Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: Address: Title: () Change () Addition Name: Address:	The above in the State	e named entity subm e of Florida.	its this statement for the purpos	e of changing its regi	stered office or registered agent, or both,	
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: DP () Delete Name: BAILEY, MARK F Address: P.O. BOX 590 City-St-Zip: ST. AUGUSTINE, FL 32085 US Title: DVP () Delete Title: () Change () Addition Name: Address: () City-St-Zip: Title: DVP () Delete Title: () Change () Addition Name: BOLES, JOSEPH L JR. Name: Address: () City-St-Zip: Title: DST () Delete Name: ABARE, WILLIAM T Name: ABARE, WILLIAM T Name: Address: 311 ARPIEKA AVENUE	SIGNATURE: LARRY LAKE				05/03/2007	
Title: DC () Delete Title: () Change () Addition Name: LAKE, LARRY B Name: Address: P.O. BOX 1379 Address: City-St-Zip: ST. AUGUSTINE, FL 32085 US City-St-Zip: Title: DP () Delete Title: () Change () Addition Name: BAILEY, MARK F Name: Address: City-St-Zip: ST. AUGUSTINE, FL 32085 US City-St-Zip: Title: () Change () Addition Name: BOLES, JOSEPH L JR. Name: Address: 19 RIBERIA STREET Address: City-St-Zip: ST. AUGUSTINE, FL 32084 US City-St-Zip: Title: DST () Delete Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: 311 ARPIEKA AVENUE Address: Address: () Change () Addition Name: Address: 311 ARPIEKA AVENUE		Electronic Siç	gnature of Registered Agent		Date	
Name: LAKE, LARRY B	OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Name: BAILEY, MARK F Name: Address: P.O. BOX 590 Address: City-St-Zip: ST. AUGUSTINE, FL 32085 US City-St-Zip: Title: DVP () Delete Title: () Change () Addition Name: BOLES, JOSEPH L JR. Name: Address: 19 RIBERIA STREET Address: City-St-Zip: ST. AUGUSTINE, FL 32084 US City-St-Zip: Title: DST () Delete Title: () Change () Addition Name: ABARE, WILLIAM T Name: Address: 311 ARPIEKA AVENUE Address:	Name: Address:	LAKE, LARRY B P.O. BOX 1379		Name: Address:	() Change () Addition	
Name: BOLES, JOSEPH L JR. Name: Address: 19 RIBERIA STREET Address: City-St-Zip: ST. AUGUSTINE, FL 32084 US City-St-Zip: Title: DST () Delete Title: () Change () Addition Name: ABARE, WILLIAM T Name: Address: 311 ARPIEKA AVENUE Address:	Name: Address:	BAILEY, MARK F P.O. BOX 590		Name: Address:	() Change () Addition	
Name: ABARE, WILLIAM T Name: Address: 311 ARPIEKA AVENUE Address:	Name: Address:	BOLES, JOSEPH L JI 19 RIBERIA STREET	₹.	Name: Address:	() Change () Addition	
	Name: Address:	ABARE, WILLIÁM T 311 ARPIEKA AVENU	E	Name: Address:	() Change () Addition	

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 Ρ 05/03/2007