

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 18, 2008 8:00 am**  
**Secretary of State**

02-18-2008 90019 021 \*\*\*\*70.00

**DOCUMENT # N04000005323**

1. Entity Name  
CARING HANDS CARING COMMUNITY, INC.



Principal Place of Business  
161 B MARINE STREET  
ST. AUGUSTINE, FL 32084 US

Mailing Address  
161 B MARINE STREET  
ST. AUGUSTINE, FL 32084 US

40027130



**DO NOT WRITE IN THIS SPACE**

02122008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
20-1281263

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC LAKE, LARRY B P.O. BOX 1379 ST. AUGUSTINE, FL 32085
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BAILEY, MARK F P.O. BOX 590 ST. AUGUSTINE, FL 32085
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BOLES, JOSEPH L JR. 19 RIBERIA STREET ST. AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ABARE, WILLIAM T 311 ARPIEKA AVENUE ST. AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** CEO (L. B. LAKE) 2/12/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #