2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2011
Secretary of State

DOCUMENT# N04000005323

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:

161 MARINE STREET
ST. AUGUSTINE, FL 32084 US

Current Mailing Address:

161 B MARINE STREET
ST. AUGUSTINE, FL 32084 US

New Mailing Address:

161 MARINE STREET
ST. AUGUSTINE, FL 32084 US

FEI Number: 20-1281263 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: LARRY B LAKE DC 01/03/2011

Electronic Signature of Signing Officer or Director Date