

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011184

FILED
Jan 16, 2009
Secretary of State

Entity Name: CARE CONNECTIONS, INC.

Current Principal Place of Business:

5905 BRECKENRIDGE PKWY
STE F
TAMPA, FL 336104239

New Principal Place of Business:

Current Mailing Address:

5905 BRECKENRIDGE PKWY
STE F
TAMPA, FL 336104239

New Mailing Address:

FEI Number: 20-2810644 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BAKAS, JOHN W JR
150 E BLOOMINGDALE AVENUE
BRANDON, FL 33511 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: PRES () Delete
Name: HARRELL, CHERYL T
Address: 8509 PARROTS LANDING
City-St-Zip: TAMPA, FL 33647

Title: VP () Delete
Name: BOYCE, PATRICIA
Address: 1335 ROBIN HOOD LANE, SOUTH
City-St-Zip: LAKELAND, FL 33813

Title: TREA () Delete
Name: HEMNESS, EMMA
Address: 205 NORTH PARSONS AVENUE
City-St-Zip: BRANDON, FL 33510

Title: SEC () Delete
Name: KINSLER, CATHY
Address: P.O. BOX 111
City-St-Zip: TAMPA, FL 33601

Title: CEO () Delete
Name: KELLY, MAUREEN
Address: 5905 BRECKENRIDGE PARKWAY
City-St-Zip: TAMPA, FL 33610

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:

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: GLORIA SCHUYLER

COO

01/16/2009

Electronic Signature of Signing Officer or Director

_____ Date