

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000000487

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Entity Name:** THE HOUSE OF THE LIVING AND CARING INC.

**Current Principal Place of Business:**

781 SOUTH WEST 12TH STREET  
BELLE GLADE, FL 33430

**New Principal Place of Business:**

**Current Mailing Address:**

781 SOUTH WEST 12TH STREET  
BELLE GLADE, FL 33430

**New Mailing Address:**

**FEI Number:** 06-1750990

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GLAZE, SHIRLEY  
1249 VAUGHN CIRCLE  
BELLE GLADE, FL 33430 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:** D  
**Name:** SMITH, CLYTIMAS  
**Address:** 1249 VAUGHN CIRCLE  
**City-St-Zip:** BELLE GLADE, FL 33430

**Title:** D  
**Name:** GLAZE, SHIRLEY  
**Address:** 781 S.W. 12TH STREET  
**City-St-Zip:** BELLE GLADE, FL 33430

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:** CLYTIMAS SMITH

**DIRE**

**04/26/2012**

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date