


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90006 047 ****70.00

DOCUMENT # N05000007582	
1. Entity Name RELATIVE CARE GIVER FOUNDATION, INC.	

Principal Place of Business 3839 NW 23RD CIRCLE BELL, FL 32619	Mailing Address 3839 NW 23RD CIRCLE BELL, FL 32619
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2. Principal Place of Business Relative Care Giver Foundation Inc.	3. Mailing Address P.O. BOX 274
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Bell Fla	City & State
Zip 32619	Country Gilcrest

01072006 Chg-NP CR2E037 (11/05)

4. FEI Number 83-0429492	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
WEISE, KIM L 3839 NW 23RD CIRCLE BELL, FL 32619	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 *Kim L. Weise* DATE *March 12, 2006*

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

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> Delete
NAME WEISE, KIM	P-D
STREET ADDRESS 3839 NW 23RD CIRCLE	
CITY-ST-ZIP BELL, FL 32619	
TITLE D	<input type="checkbox"/> Delete
NAME WOODB, PATRICIA TRUSTEE T	
STREET ADDRESS 249 NW 55TH AVE.	
CITY-ST-ZIP BELL, FL 32693	
TITLE S	<input type="checkbox"/> Delete
NAME GATLINE, JUDY	S
STREET ADDRESS 1110 SW 6TH AVE	
CITY-ST-ZIP TRENTON, FL 32693	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME ROBERSON, STACY	
STREET ADDRESS 321 NE 1ST ST	
CITY-ST-ZIP CHIEFLAND, FL 32626	
TITLE D	<input type="checkbox"/> Delete
NAME WYMER, TODD PASTOR	C
STREET ADDRESS 5579 NE 52MD RD.	
CITY-ST-ZIP HIGH SPRINGS, FL 32643	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE Linda Campbell - board member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME 1710 Oaks Circle	D
STREET ADDRESS Bell Fla, 32619	
TITLE board member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME mrs. Debra Rush	D-T
STREET ADDRESS P.O. Box 921	
CITY-ST-ZIP Bell Fla, 32619	
TITLE melised Williams	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME P.O. Box 1121	
STREET ADDRESS Bell Fla 32619	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Kim L. Weise* DATE *March 12, 2006* DAYTIME PHONE # *384 9352525*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR