

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009916

FILED  
Jan 04, 2007  
Secretary of State

Entity Name: CARE NET ABSTINENCE EDUCATORS, INC.

**Current Principal Place of Business:**

1503 24TH STREET  
VERO BEACH, FL 32960

**New Principal Place of Business:**

**Current Mailing Address:**

1503 24TH STREET  
VERO BEACH, FL 32960

**New Mailing Address:**

FEI Number: 87-0752312

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GINN, CAROLINE D  
1134 OLDE GALLEON LANE  
VERO BEACH, FL 32963 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: P ( ) Delete  
Name: GINN, CAROLINE D  
Address: 1134 OLDE GALLEON LANE  
City-St-Zip: VERO BEACH, FL 32963

Title: S ( ) Delete  
Name: JOHNSON, JAN  
Address: 300-104 GRAND ROYALE CIRCLE  
City-St-Zip: VERO BEACH, FL 32962

Title: V ( ) Delete  
Name: NELSON, NEIL  
Address: 1546 35TH AVENUE  
City-St-Zip: VERO BEACH, FL 32960

Title: T ( ) Delete  
Name: FORD, JUDY  
Address: 430 47TH AVENUE  
City-St-Zip: VERO BEACH, FL 32968

**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: T (X) Change ( ) Addition  
Name: DELLER, BETH  
Address: 851 RIVER TRAIL  
City-St-Zip: VERO BEACH, FL 32963

I hereby certify that the information supplied with this filing does not qualify for the 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: CAROLINE GINN

MRS.

01/04/2007

Electronic Signature of Signing Officer or Director

Date