

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009916

FILED
Jan 05, 2012
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:
PO BOX 836
VERO BEACH, FL 32961

New Mailing Address:

FEI Number: 87-0752312 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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:

GINN, CAROLINE D
5151 N HWY A1A #305
VERO BEACH, FL 32963 US

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:

01/05/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: MOLINARI, JOEL
Address: 1025 54TH AVE
City-St-Zip: VERO BEACH, FL 32966

Title: MR
Name: MUELLER, DEREK
Address: 6450 35TH LN
City-St-Zip: VERO BEACH, FL 32966

Title: VP
Name: SEARCY, JILL
Address: 1035 22ND AVE
City-St-Zip: VERO BEACH, FL 32960

Title: MRS
Name: GINN, CAROLINE
Address: 5151 N HWY A1A
City-St-Zip: VERO BEACH, FL 32963

Title: ED
Name: HINE, CHERYL M
Address: 410 38TH COURT
City-St-Zip: VERO BEACH, FL 32968

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: CHERYL M HINE

ED

01/05/2012

Electronic Signature of Signing Officer or Director

Date