2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 25, 2007
Secretary of State

DOCUMENT# N06000003050

Entity Name: CARRABELLE CARES CORP.

Current Principal Place of Business:

1204 GULF AVENUE
PO BOX 1089
CARRABELLE, FL 32322 US

New Principal Place of Business:

1204 GULF AVENUE
CARRABELLE, FL 32322 US

Current Mailing Address:

1204 GULF AVENUE
PO BOX 1089
CARRABELLE, FL 32322 US

New Mailing Address:

FEI Number: 20-4775253 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CARRELL, JAMES F
2522 HIGHWAY 98 WEST
CARRABELLE, FL 32322 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: DIR ( ) Delete
Name: ALLEN,, TAMARA B.
Address: PO BOX 1089
City-St-Zip: CARRABELLE, FL 32322 US

Title: DIR ( ) Delete
Name: COX, LESLEY H.
Address: PO DRAWER CC
City-St-Zip: CARRABELLE, FL 32322 US

Title: DIR ( ) Delete
Name: CARRELL, JAMES F.
Address: 2522 HIGHWAY 98 WEST
City-St-Zip: CARRABELLE, FL 32322 US

Title: DIR ( ) Delete
Name: BUTZ, BARBARA A.
Address: 4220 NATURAL BRIDGE ROAD
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: DIR ( ) Change (X) Addition
Name: ALLEN, STEVEN W
Address: PO BOX 1089
City-St-Zip: CARRABELLE, FL 32322

Title: DIR ( ) Change (X) Addition
Name: ROZIER, DANIEL
Address: 127 LARRY DRIVE
City-St-Zip: CARRABELLE, FL 32322

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: LESLEY H COX DIR 06/25/2007

Electronic Signature of Signing Officer or Director — Date