

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010125

FILED  
Feb 17, 2008  
Secretary of State

Entity Name: CARING & CONCERNED PARENTS OF AMERICA INC.

## Current Principal Place of Business:

1015 SEAGRAPE RD  
LANTANA, FL 33462

## New Principal Place of Business:

221 S.E. 3RD AVE .  
1B  
BOYNTON, FL 33435

## Current Mailing Address:

1015 SEAGRAPE RD  
LANTANA, FL 33462

## New Mailing Address:

221 S.E. 3RD AVE  
1B  
BOYNTON BCH., FL 33435

FEI Number: 42-1713700

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SMITH, DAVID L SR  
1015 SEAGRAPE RD  
LANTANA, FL 33462 US

## Name and Address of New Registered Agent:

SMITH, DAVID L SR  
221 S.E. 3RD AVE.  
1B  
BOYNTON, FL 33435 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: DAVID L. SMITH SR.

02/17/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SMITH, DAVID L SR  
Address: 1015 SEAGRAPE RD  
City-St-Zip: LANTANA, FL 33462

Title: DVP ( ) Delete  
Name: JOSEPH, COLLETTE M  
Address: 2301 S.E. 4TH STREET APT 2#  
City-St-Zip: BOYNTON BCH, FL 33435

Title: D ( ) Delete  
Name: JOSEPH, DRUNEL  
Address: 2301 S.E. 4TH STREET APT 2#  
City-St-Zip: BOYNTON BCH, FL 33435

Title: PCEO ( ) Delete  
Name: SMITH, DAVID L SR  
Address: 1015 SEAGRAPE RD  
City-St-Zip: LAKE WORTH, FL 33462

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: SMITH, DAVID L SR  
Address: 221 S.E. 3RD AVE APT 1B  
City-St-Zip: BOYNTON BCH., FL 33435

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PCEO (X) Change ( ) Addition  
Name: SMITH, DAVID L SR  
Address: 221 S.E. 3RD AVE APT. 1B  
City-St-Zip: BOYNTON, FL 33435

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: DAVID L. SMITH SR.

PCEO

02/17/2008

Electronic Signature of Signing Officer or Director

Date