

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010253

FILED
Apr 23, 2009
Secretary of State

Entity Name: CAUZICANCARE INC.

Current Principal Place of Business:

245 KENNETH CIRCLE
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

245 KENNETH CIRCLE
CRAWFORDVILLE, FL 32327

New Mailing Address:

FEI Number: 26-1286327

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BONNIE, BRINSON
245 KENNETH CIRCLE
CRAWFORDVILLE, FL 32327 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: MILLER, PHYLLIS
Address: 245 KENNETH CIRCLE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: T () Delete
Name: BRINSON, BOBBY
Address: 245 KENNETH CIRCLE
City-St-Zip: CRAWFORDVILLE, FL 32327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: SPEARS, CHARLENE
Address: P.O. BOX 596
City-St-Zip: CRAWFORDVILLE, FL 32326

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

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: BONNIE BRINSON

P

04/23/2009

Electronic Signature of Signing Officer or Director

Date