2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001795

FILED Apr 27, 2009 Secretary of State

Entity Name: CARING COMMUNITY, INC. **Current Principal Place of Business: New Principal Place of Business:** 16500 NW 7TH AVENUE SUITE 380 MIAMI, FL 33169 **Current Mailing Address: New Mailing Address:** 16500 NW 7TH AVENUE SUITE 380 MIAMI, FL 33169 FEI Number: 26-2733069 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TERWILLIGER, THOMAS E 16500 NW 7TH AVENUE SUITE 400 MIAMI, FL 33169 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete TERWILLIGER, THOMAS E Name: Name: Address: 16500 NW 7TH AVENUE - SUITE 380 Address: City-St-Zip: MIAMI, FL 33169 City-St-Zip: Title: () Delete Title: () Change () Addition Name: YOUNG, MARY Name: Address: 16500 NW 7TH AVE. SUITE 380 Address: City-St-Zip: MIAMI, FL 33169 City-St-Zip: Title: () Delete Title: (X) Change () Addition ORDINOLA, CARLOS Name: WILLIAMS, JAMES Name:

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.

Address:

City-St-Zip:

SIGNATURE: THOMAS TERWILLIGER DIR 04/27/2009

16500 NW 7TH AVENUE - SUITE 380

MIAMI, FL 33169

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