

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000010619

**FILED**  
**Jan 20, 2010**  
**Secretary of State**

**Entity Name:** CARE GIVING SOLUTIONS OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

810 E. BELLA VISTA STREET  
SUITE 3  
LAKELAND, FL 33805

**New Principal Place of Business:**

**Current Mailing Address:**

810 E. BELLA VISTA STREET  
SUITE 3  
LAKELAND, FL 33805

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SULLIVAN, DAVID O  
600 E. LAKE ELBERT DRIVE, NE  
WINTER HAVEN, FL 33881    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  
Name: SULLIVAN, DAVID O  
Address: 600 E. LAKE ELBERT DRIVE, NE  
City-St-Zip: WINTER HAVEN, FL 33881

Title: VP  
Name: ROWLAND, TAMARA  
Address: 810 E. BELLA VISTA STREET, SUITE 3  
City-St-Zip: LAKELAND, FL 33805

Title: SEC  
Name: COLLINS, JANNICE  
Address: 810 E. BELLA VISTA STREET, SUITE 3  
City-St-Zip: LAKELAND, FL 33805

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: DAVID O. SULLIVAN

PRES

01/20/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date