

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 23 1997 8:00am
Secretary of State

| | | |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N18533** (2)

1. Corporation Name

THE CARING CENTER, INC.



| | |
|--|--|
| Principal Place of Business P.O. BOX 728 PALATKA FL 32178-0728 | Mailing Address P.O. BOX 728 PALATKA FL 32178-0728 |
|--|--|

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
|---|--|

| | |
|--|--|
| 3. Date Incorporated or Qualified 12/30/1986 | 3a. Date of Last Report 02/14/1996 |
| 4. FEI Number 59-2756333 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**BROWN, MARY L
107 SOUTH NINTH STREET
PALATKA FL 32177**

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City FL 85 Zip Code |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Mary Lawson Brown*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|---|
| TITLE | PD <input checked="" type="checkbox"/> DELETE |
| NAME | PD PINES, SARA |
| STREET ADDRESS | 4010 SILVER LAKE DRIVE |
| CITY-ST-ZIP | PALATKA FL 32177 |
| TITLE | VD <input type="checkbox"/> DELETE |
| NAME | VD BLUE, VIRGINIA |
| STREET ADDRESS | 113 S9 14TH STREET |
| CITY-ST-ZIP | PALATKA FL 32177 |
| TITLE | SD <input checked="" type="checkbox"/> DELETE |
| NAME | SD THOMAS, SHIRLEY |
| STREET ADDRESS | 3701 ST. JOHNS AVE., #8 |
| CITY-ST-ZIP | PALATKA FL 32177 |
| TITLE | TD <input checked="" type="checkbox"/> DELETE |
| NAME | TD BARTLEY, ANN |
| STREET ADDRESS | 111 ASHLEY DRIVE |
| CITY-ST-ZIP | PALATKA FL 32177 |
| TITLE | D <input checked="" type="checkbox"/> DELETE |
| NAME | D BOWEN, MIKELL |
| STREET ADDRESS | BROWNING LANE |
| CITY-ST-ZIP | E. PALATKA FL 32131 |
| TITLE | D <input checked="" type="checkbox"/> DELETE |
| NAME | D CONNER, MARY M |
| STREET ADDRESS | 1222 S. 13TH STREET |
| CITY-ST-ZIP | PALATKA FL 32177 |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | PD CHARLES GAUTHIER |
| 1.3 STREET ADDRESS | 324 EMMETT STREET |
| 1.4 CITY-ST-ZIP | PALATKA, FL 32177 |
| 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | SD MARILYN GAUTHIER |
| 2.3 STREET ADDRESS | 324 EMMETT ST. |
| 2.4 CITY-ST-ZIP | PALATKA, FL 32177 |
| 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | TD PAUL SEYMOUR |
| 3.3 STREET ADDRESS | 49 OCEAN ST. |
| 3.4 CITY-ST-ZIP | PALEM COAST, FL 32137 |
| 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | D CHARLES RAGAN, JR. |
| 4.3 STREET ADDRESS | 500 MOSELY AVE. |
| 4.4 CITY-ST-ZIP | PALATKA, FL 32177 |
| 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | D MARY LAWSON BROWN |
| 5.3 STREET ADDRESS | 107 S. 9TH ST. |
| 5.4 CITY-ST-ZIP | PALATKA, FL 32177 |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Charles F. Gauthier* SIGNATURE REQUIRED

CR2E037 (4/97)