

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N18533

1. Entity Name

The Caring Center, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1016 Main Street

Suite, Apt. #, etc.

3. Mailing Address

1016 Main Street

Suite, Apt. #, etc.

City & State

Palatka, Florida

Zip

32177

Country

USA

City & State

Palatka, Florida

Zip

32177

Country

USA

4. FEI Number

592756333

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Mary L. Brown

Street Address (P.O. Box Number is Not Acceptable)
107 South Ninth Street

City Palatka

FL

Zip Code

32177

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P D Mary L. Brown 107 South Ninth Street Palatka, FL 32177	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V D Wallace P. Stembler 121 Hiawatha Court East Palatka, FL 32131	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S D Charlie Rabun 500 Moseley Avenue Palatka, FL 32177	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T D Taylor Douglas 105 Shady Oak Lane Palatka, FL 32177	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

12. I 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 report or supplemental 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 10 or on an attachment with an address, with all other ~~are~~ empowered.

SIGNATURE: Mary Lawson Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary Lawson Brown 7/25/02 386-325-4543

Date

Daytime Phone #

CR2E037B (12/01)

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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