


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2007 8:00 am
Secretary of State

06-21-2007 90023 026 ****61.25

DOCUMENT # N18533	
1. Entity Name THE CARING CENTER, INC.	

Principal Place of Business 1016 MAIN STREET PALATKA, FL 32177	Mailing Address P.O. BOX 953 PALATKA, FL 32177
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

06152007 Chg-NP CR2E037 (12/06)

City & State	City & State	4. FEI Number 59-2756333	Applied For Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> Delete
NAME	BROWN, MARY L	
STREET ADDRESS	107 SOUTH NINTH STREET	
CITY-ST-ZIP	PALATKA, FL 32177	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STEMBLER, WALLACE P	
STREET ADDRESS	121 HIAWATHA COURT	
CITY-ST-ZIP	EAST PALATKA, FL 32131	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RABUN, CHARLIE	
STREET ADDRESS	500 MOSELEY AVENUE	
CITY-ST-ZIP	PALATKA, FL 32177	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOUGLAS, TAYLOR	
STREET ADDRESS	105 SHADY OAK LANE	
CITY-ST-ZIP	PALATKA, FL 32177	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CASON, DEBORAH	
STREET ADDRESS	130 ORIE GRIFFIN BLVD	
CITY-ST-ZIP	PALATKA, FL 32177	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FELLS, RENO	
STREET ADDRESS	110 N 11TH ST	
CITY-ST-ZIP	PALATKA, FL 32177	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Deborah Cason **Deborah CASON** **6-15-07** **386-329**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **0814**