2008, NQT-FOR-PROFIT CORPORATION ANNUAL REPORT

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



FILED Apr 28, 2008 08:00 AN Secretary of State

Principal Place of Business

1016 MAIN STREET PALATKA, FL 32177 Mailing Address

P.O. BOX 953 PALATKA, FL 32177



DO NOT WRITE IN THIS SPACE

04242008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2756333

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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

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

(NOTE: Registered Agent signsture required when minstation)

Filing Fee is \$61.25

Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be Added to Fees U00000927528 05/20/08-80111-003 61.25

Due by May 1, 2008 10. OFFICERS AND DIRECTORS TILLE NAME BROWN, MARY L STREET ADDRESS 107 SOUTH NINTH STREET CITY-ST-ZIP PALATKA, FL 32177 TITLE NAME STEMBLER, WALLACE P STREET ADDRESS 121 HIAWATHA COURT CITY-ST-ZIP EAST PALATKA, FL 32131 TITLE SD NAME RABUN, CHARLIE STREET ADDRESS **500 MOSELEY AVENUE** CITY-ST-ZIP PALATKA, FL 32177 TITLE NAME DOUGLAS, TAYLOR STREET ADDRESS 105 SHADY OAK LANE CITY-ST-ZIP PALATKA, FL 32177 TITLE NAME CASON, DEBORAH STREET ADDRESS 130 ORIE GRIFFIN BLVD CITY-ST-ZIP PALATKA, FL 32177 IIILE PD NAME **FELLS, RENO** STREET ADDRESS 110 N 11TH ST

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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 charged, or on an attactnierly with an address, with all other like empowered.

SIGNATURE:

PALATKA, FL 32177

CITY-ST-ZIP

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4-24-08 38-329-0115