2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2009
Secretary of State

DOCUMENT# N18533

Entity Name: THE CARING CENTER, INC.

Current Principal Place of Business:

1016 MAIN STREET
PALATKA, FL 32177

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 953
PALATKA, FL 32177

New Mailing Address:

FEI Number: 59-2756333 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BROWN, MARY L
107 SOUTH NINTH STREET
PALATKA, FL 32177 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: D ( ) Delete
Name: BROWN, MARY L
Address: 107 SOUTH NINTH STREET
City-St-Zip: PALATKA, FL 32177

Title: VD ( ) Delete
Name: STEMBLER, WALLACE P
Address: 121 HIAWATHA COURT
City-St-Zip: EAST PALATKA, FL 32131

Title: SD ( ) Delete
Name: RABUN, CHARLIE
Address: 500 MOSELEY AVENUE
City-St-Zip: PALATKA, FL 32177

Title: D ( ) Delete
Name: DOUGLAS, TAYLOR
Address: 105 SHADY OAK LANE
City-St-Zip: PALATKA, FL 32177

Title: TD ( ) Delete
Name: CASON, DEBORAH
Address: 130 ORIE GRIFFIN BLVD
City-St-Zip: PALATKA, FL 32177

Title: PD ( ) Delete
Name: FELLS, RENO
Address: 110 N 11TH ST
City-St-Zip: PALATKA, FL 32177

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: SCHWALL, TAMMY L
Address: 110 NORTH 11TH STREET
City-St-Zip: PALATKA, FL 32177

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: TAMMY SCHWALL D 05/04/2009
Electronic Signature of Signing Officer or Director — Date