

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18533

FILED
Apr 26, 2011
Secretary of State

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 ()

Name and Address of Current Registered Agent:

FELLS, RENO C SR
110 NORTH 11TH 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
Name: NORTON, JEFF
Address: 201 NORTH 2ND STREET
City-St-Zip: PALATKA, FL 32177

Title: D
Name: PEMBER, BILL
Address: 3506 ST. JOHNS AVENUE
City-St-Zip: PALATKA, FL 32177

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

Title: TD
Name: SCHWALL, TAMMY L
Address: 110 NORTH 11TH STREET
City-St-Zip: PALATKA, FL 32177

Title: D
Name: CASON, DEBORAH
Address: 130 ORIE GRIFFIN BLVD
City-St-Zip: PALATKA, FL 32177

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

I hereby 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 all other like empowered.

SIGNATURE: TAMMY SCHWALL

TD

04/26/2011

Electronic Signature of Signing Officer or Director

Date