

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90276 026 ****61.25

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DOCUMENT # N18533

1. Entity Name

THE CARING CENTER, INC.



Principal Place of Business

**1016 MAIN STREET
PALATKA FL 32177**

Mailing Address

**1016 MAIN STREET
PALATKA FL 32177**

2. Principal Place of Business

3. Mailing Address

P. O. Box 953

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Palatka, FL

Zip

Country

Zip

Country

32177

USA

4. FEI Number **59-2756333**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **BROWN, MARY L**
STREET ADDRESS **107 SOUTH NINTH STREET**
CITY-ST-ZIP **PALATKA FL 32177**

TITLE **D** ☐ Change ☒ Addition
NAME **Robert Bronkema**
STREET ADDRESS **123 S. 2nd St.**
CITY-ST-ZIP **Palatka, FL 32177**

TITLE **VD** ☐ Delete
NAME **STEMBLER, WALLACE P**
STREET ADDRESS **121 HIAWATHA COURT**
CITY-ST-ZIP **EAST PALATKA FL 32131**

TITLE **D** ☐ Change ☒ Addition
NAME **Reno Fells**
STREET ADDRESS **110 N. 11th St.**
CITY-ST-ZIP **Palatka, FL 32177**

TITLE **SD** ☐ Delete
NAME **RABUN, CHARLIE**
STREET ADDRESS **500 MOSELEY AVENUE**
CITY-ST-ZIP **PALATKA FL 32177**

TITLE **D** ☐ Change ☒ Addition
NAME **Shandra Riffey**
STREET ADDRESS **P. O. Box 2558**
CITY-ST-ZIP **Palatka, FL 32178**

TITLE **TD** ☐ Delete
NAME **DOUGLAS, TAYLOR**
STREET ADDRESS **105 SHADY OAK LANE**
CITY-ST-ZIP **PALATKA FL 32177**

TITLE **D** ☐ Change ☒ Addition
NAME **Deborah Cason**
STREET ADDRESS **130 Orie Griffin Blvd.**
CITY-ST-ZIP **Palatka, FL 32177**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of Registered Agent
JOHN T. HARRIS

4-25-03 329-0814

CR2E037 (10/02)