

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N30552 (6)

1. Corporation Name

CARING & COPING, INC.



Principal Place of Business

1418 S.E. 47TH ST.
CAPE CORAL FL 33904

Mailing Address

1418 S.E. 47TH ST.
CAPE CORAL FL 33904-96343. Date Incorporated or Qualified
02/08/19893a. Date of Last Report
03/25/1996

2. Principal Place of Business

21 1222 S.E. Street
Suite, Apt. #, etc.

22 City & State

23 Cape Coral, FL

24 33904 25 Lee

2a. Mailing Address

26 1222 S.E. 47th Street
Suite, Apt. #, etc.

27 City & State

28 Cape Coral, FL

29 33904 30 Lee

4. FEI Number

65-0102671

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BAKER, HELEN E.
1418 S.E. 47TH ST.
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

81 Name

BAKER, HELEN E

82 Street Address (P.O. Box Number is Not Acceptable)

1222 S.E. 47th Street

83

84 City

CAPE CORAL

FL

85 Zip Code
33904

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD ☒ DELETE
NAME HUDSON, SUSAN C.
STREET ADDRESS 17101 PLEASURE RD.
CITY-ST-ZIP CAPE CORAL FLTITLE SD ☐ DELETE
NAME CHURCH, DONNA
STREET ADDRESS 2419 E. MALL DR. #22
CITY-ST-ZIP FT. MYERS FLTITLE TD ☒ DELETE
NAME DUFFALA, DENNIS
STREET ADDRESS 3534 S.E. 19TH AVE.
CITY-ST-ZIP CAPE CORAL FLTITLE PD ☐ DELETE
NAME BAKER, HELEN E.
STREET ADDRESS 3612 SE 9TH PLACE
CITY-ST-ZIP CAPE CORAL FLTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SD ☒ Change ☐ Addition
1.2 NAME Teddi Fernandez
1.3 STREET ADDRESS 16011 Carver Gardens Drive
1.4 CITY-ST-ZIP Fort Myers, FL 339082.1 TITLE PD ☒ Change ☐ Addition
2.2 NAME Donna Church
2.3 STREET ADDRESS 2421 E. Mall Drive
2.4 CITY-ST-ZIP Ft. Myers, FL 339013.1 TITLE TD ☒ Change ☐ Addition
3.2 NAME Lois Tomich
3.3 STREET ADDRESS 19125 Meadow Brook Court
3.4 CITY-ST-ZIP Fort Myers, FL 339034.1 TITLE VD ☒ Change ☐ Addition
4.2 NAME Helen E. Baker
4.3 STREET ADDRESS 3612 S.E. 9th Place
4.4 CITY-ST-ZIP Cape Coral, FL 339045.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Donna Church* Donna Church 10 MARCH 97 941/275-9541

CR2E037 (9/96)