


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90116 037 ****61.25

376462 - 90116 - 37



NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N30552					
1. Corporation Name CARING & COPING, INC.					
Principal Place of Business 1222 SE ST CAPE CORAL FL 33904 US			Mailing Address 1222 SE 47 ST CAPE CORAL FL 33904 US		

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/08/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				65-0102671	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		Trust Fund Contribution	
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BAKER, HELEN E. 1222 SE 47 ST CAPE CORAL FL 33904				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City FL 85 Zip Code			

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		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	SA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, TEDDI		1.2 NAME	Dana Kinnard	
STREET ADDRESS	16011 CARVER GARDENS DR		1.3 STREET ADDRESS	6940 Penzance Blvd	
CITY-ST-ZIP	FT MYERS FL		1.4 CITY-ST-ZIP	Fort Myers, FL 33912	
TITLE	PD	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHURCH, DONNA		2.2 NAME		
STREET ADDRESS	2419 E. MALL DR. #22		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL		2.4 CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	Treas - Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOMICH, LOIS		3.2 NAME	Jo E. Beauvois	
STREET ADDRESS	19125 MEADOW BROOK CT		3.3 STREET ADDRESS	1532 S.W. 52nd Ln	
CITY-ST-ZIP	FT MYERS FL		3.4 CITY-ST-ZIP	CAPE CORAL, FL 33914	
TITLE	VD	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, HELEN E.		4.2 NAME		
STREET ADDRESS	3612 SE 9TH PLACE		4.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	ALD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	Lory Kirby	
STREET ADDRESS			5.3 STREET ADDRESS	1222 - SE 47th ST #201	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: *Helen E. Baker* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-99 841-945-0338
Date Daytime Phone #

CR2E037 (11/98)