

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90111 022 ****61.25

DOCUMENT # N32001

1. Entity Name
CARIDAD CENTER, INC.



Principal Place of Business
**8645 W BOYNTON BEACH BLVD
BOYNTON BEACH, FL 33437 US**

Mailing Address
**8645 W BOYNTON BEACH BLVD
BOYNTON BEACH, FL 33437 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01242007

Chg-NP

CR2E037 (12/06)

4. FEI Number
65-0149423

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RETAMAR, RICHARD E ESQ
2424 NORTH FEDERAL HWY STE 460
BOCA RATON, FL 33431**

7. Name and Address of New Registered Agent

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

**Filing Fee is \$61.25
Due by May 1, 2007**

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

TITLE PD
NAME BERRY, CONSTANCE ☐ Delete
STREET ADDRESS 3372 FOREST HILL BLVD C-141
CITY-ST-ZIP WEST PALM BEACH, FL 33406

TITLE VPD
NAME TORRES, LUIS ☐ Delete
STREET ADDRESS 8645 W BOYNTON BCH BLVD
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE TD
NAME FIELDS, JEFF ☐ Delete
STREET ADDRESS 8645 W BOYNTON BEACH BLVD
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE SD
NAME KINTZ, SARA ANN ☒ Delete
STREET ADDRESS 8645 W BOYNTON BEACH BLVD
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS 994 CORONADO CALLE DR
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS SD SPEED, MARIE
CITY-ST-ZIP 6413 CONGRESS AVE 33487
BOCA RATON FL

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Constance Berry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/07

Date

Daytime Phone #

737-6336