

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N44476

**FILED**  
**Feb 10, 2012**  
**Secretary of State**

**Entity Name:** CARING & SHARING CENTER FOR INDEPENDENT LIVING, INC.

**Current Principal Place of Business:**

12552 BELCHER RD SOUTH  
LARGO, FL 337733014 US

**New Principal Place of Business:**

**Current Mailing Address:**

12552 BELCHER RD SOUTH  
LARGO, FL 337733014 US

**New Mailing Address:**

**FEI Number:** 59-3102837

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DIDOMENICO, JOSEPH J  
12552 BELCHER ROAD SOUTH  
LARGO, FL 337733014 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:** O  
**Name:** SHELT, DENNIS  
**Address:** 12552 BELCHER RD S  
**City-St-Zip:** LARGO, FL 337733014 US

**Title:** O  
**Name:** BELL, PATRICIA  
**Address:** 9823 83RD WAY N.  
**City-St-Zip:** LARGO, FL 337771913 US

**Title:** P  
**Name:** HUMBURG, JACK  
**Address:** 839 13TH AVENUE NORTH  
**City-St-Zip:** SAINT PETERSBURG, FL 337011015 US

**Title:** VP  
**Name:** PAGE, BARBARA  
**Address:** PO BOX 40636  
**City-St-Zip:** ST PETERSBURG, FL 33743 US

**Title:** T  
**Name:** DANDRO, BARBARA  
**Address:** 5530 80TH STREET NORTH, STE A203  
**City-St-Zip:** ST PETERSBURG, FL 337095878 US

**Title:** S  
**Name:** BUCCA, MARY  
**Address:** 3805 52ND STREET N.  
**City-St-Zip:** SAINT PETERSBURG, FL 33709 US

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:** JACK HUMBURG

PRES

02/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date