FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

AMD FILED

95 APR 19 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000001214 (6)**

1. Corporation Name

CARING FRIENDS, INC.

Principal Place of Business	Mailing Address
1495 N HARBOR CITY BLVD STE B MELBOURNE FL 32935 US	823 THURINGER ST NW PALM BAY FL 32907 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/07/1993
3a. Date of Last Report: 08/15/1994
4. FEI Number: 59-3194167 ☐ Applied For ☐ Not Applic
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26 1495 N. HARBOR CITY BLVD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 B
City & State 23	City & State 28 MELBOURNE FL
Zip 24 / Country 25	Zip 29 32935 / Country 30 US

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STERGAR, MICHAEL J 823 THURINGER ST NW PALM BAY FL 32907	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1495 N. HARBOR CITY BLVD # B 83 84 City MELBOURNE FL 85 Zip Code 32935

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ED	11 TITLE	S ☒ Change ☐ Addition
NAME	HOOKER, JOHN K	12 NAME	GARY SCHUTTE
STREET ADDRESS	2060 AGORA CR SE, 101	13 STREET ADDRESS	24 ANNETTE DR
CITY-ST-ZIP	PALM BAY FL	14 CITY-ST-ZIP	MELBOURNE FL 32904
TITLE	ED	21 TITLE	P ☒ Change ☐ Addition
NAME	STERGAR, MICHAEL J	22 NAME	
STREET ADDRESS	823 THURINGER ST NW	23 STREET ADDRESS	2123 CIRCLEWOOD DR
CITY-ST-ZIP	PALM BAY FL	24 CITY-ST-ZIP	MELBOURNE FL 32935
TITLE	D	31 TITLE	D ☒ Change ☐ Addition
NAME	SPIVEY, WILLIS	32 NAME	JACK TRACY
STREET ADDRESS	823 THURGINGER ST NW	33 STREET ADDRESS	229 ELLWOOD AVE
CITY-ST-ZIP	PALM BAY FL	34 CITY-ST-ZIP	SATELLITE BEACH FL 32937
TITLE	CD	41 TITLE	D ☒ Change ☐ Addition
NAME	SCHREIBER JR, LESLIE	42 NAME	JOHN MIHALY
STREET ADDRESS	823 THURINGER ST NW	43 STREET ADDRESS	3560 QUAIL TRAL
CITY-ST-ZIP	PALM BAY FL	44 CITY-ST-ZIP	MELBURNE FL 32935
TITLE	CD	51 TITLE	D ☐ Change ☐ Addition
NAME	WHEELER, PAM	52 NAME	RAJ AYYAR
STREET ADDRESS	823 THURINGER ST NW	53 STREET ADDRESS	7091 RIDGEWOOD
CITY-ST-ZIP	PALM BAY FL	54 CITY-ST-ZIP	CAPE CANAVERAL FL 32920
TITLE	D	61 TITLE	T ☒ Change ☐ Addition
NAME	ELLENER, STEVE	62 NAME	
STREET ADDRESS	239 SAUNDERS RD SE	63 STREET ADDRESS	239 SAUDERS RD SE
CITY-ST-ZIP	PALM BAY FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: STEVE ELLNER TREAS Steve Ellner 4-13-95 407-242-0121
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

000182