

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**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**

**1495 N. HARBOR CITY BLVD.  
SUITE B  
MELBOURNE FL 32935  
US**

3. Date Incorporated or Qualified

**04/07/1993**

3a. Date of Last Report

**04/19/1995**

4. FEI Number

**59-3194167**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution



**\$5.00 May Be  
Added to Fees**

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STERGAR, MICHAEL J  
1495 N. HARBOR CITY BLVD. #B  
MELBOURNE FL 32935**

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 *Gary F. Schutte*

(NOTE: Registered Agent signature required when reinstating)

**3/18/96**

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

DATE

12. OFFICERS AND DIRECTORS

TITLE **S** ☐ DELETE  
NAME **SCHUTTE, GARY**  
STREET ADDRESS **24 ANNETTE DR.**  
CITY-ST-ZIP **MELBOURNE FL**

TITLE **P** ☒ DELETE  
NAME **STERGAR, MICHAEL J**  
STREET ADDRESS **2123 CIRCLEWOOD DR.**  
CITY-ST-ZIP **MELBOURNE FL**

TITLE **D** ☒ DELETE  
NAME **TRACY, JACK**  
STREET ADDRESS **229 ELLWOOD AVE.**  
CITY-ST-ZIP **SATELLITE BEACH FL**

TITLE **D** ☒ DELETE  
NAME **MIHALY, JOHN**  
STREET ADDRESS **3560 QUAIL TRAIL**  
CITY-ST-ZIP **MELBOURNE FL**

TITLE **D** ☒ DELETE  
NAME **AYYAR, RAJ**  
STREET ADDRESS **7091 RIDGEWOOD**  
CITY-ST-ZIP **CAPE CANAVERAL FL**

TITLE **T** ☐ DELETE  
NAME **ELLENER, STEVE**  
STREET ADDRESS **239 SAUDERS RD. S.E.**  
CITY-ST-ZIP **PALM BAY FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition  
1.2 NAME **SCHUTTE GARY**  
1.3 STREET ADDRESS **24 ANNETTE DR**  
1.4 CITY-ST-ZIP **MELBOURNE FL**

2.1 TITLE **D** ☐ Change ☒ Addition  
2.2 NAME **ROGER DAVELUY**  
2.3 STREET ADDRESS **923 HUTCHINS RD SE**  
2.4 CITY-ST-ZIP **PALM BAY FL 32909**

3.1 TITLE **D** ☐ Change ☒ Addition  
3.2 NAME **JOYCE MOLESAN**  
3.3 STREET ADDRESS **1053 CRAZY HORSE AVE NW**  
3.4 CITY-ST-ZIP **PALM BAY FL 32907**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS **300001776989**  
4.4 CITY-ST-ZIP **-04/11/96--01064--015**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS **\*\*\*70.00**  
5.4 CITY-ST-ZIP **OVER**

6.1 TITLE **D** ☒ Change ☐ Addition  
6.2 NAME **ELLENER, STEVE**  
6.3 STREET ADDRESS **230 SAUDERS RD SE**  
6.4 CITY-ST-ZIP **PALM BAY FL**

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)(k), 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*

**STEVE ELLNER, TRGAS 3-18-96 407-242-0309**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)