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Mar 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

1435 N HARBOR CITY BLVD
STE B
MELBOURNE FL 32935
US

Mailing Address

1435 N. HARBOR CITY BLVD.
SUITE B
MELBOURNE FL 32935-6527
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

04/07/1993

3a. Date of Last Report

04/10/1996

4. FEI Number

59-3194167

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

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 GARY SCHUTTE

82 Street Address (P.O. Box Number is Not Acceptable)

24 ANNETTE DR

83

84 City MELBOURNE

FL

85 Zip Code 32935

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 SCHUTTE, PRES

Gary F. Schutte, pres. 2/20/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETENAME SCHUTTE, GARY
STREET ADDRESS 24 ANNETTE DR.
CITY - ST - ZIP MELBOURNE FLTITLE D ☒ DELETENAME DAVELUY, ROGER
STREET ADDRESS 923 HUTCHINS RD. SE
CITY - ST - ZIP PALM BAY FL 32909TITLE D ☐ DELETENAME MOLESAN, JOYCE
STREET ADDRESS 1053 CRAZYHORSE AVE.
CITY - ST - ZIP PALM BAY FL 32907TITLE D ☐ DELETENAME ELLNER, STEVE
STREET ADDRESS 239 SAUDERS RD. S.E.
CITY - ST - ZIP PALM BAY FLTITLE ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIP1.1 TITLE P/D ☒ Change ☐ Addition1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP2.1 TITLE S/D ☐ Change ☒ Addition2.2 NAME TOM HARTLEY
2.3 STREET ADDRESS 1705 ELIZABETH ST
2.4 CITY - ST - ZIP MELBOURNE FL 329013.1 TITLE ☐ Change ☐ Addition3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP4.1 TITLE T/D ☒ Change ☐ Addition4.2 NAME ELLNER, STEVE
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP5.1 TITLE ☐ Change ☐ Addition5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP6.1 TITLE ☐ Change ☐ Addition6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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.

SIGNATURE: STEVE ELLNER, PRES

Signature typed or printed name of signing officer or director

Steve Ellner 2/20/97

407
242-0309

CR2E037 (9/96)