

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY 25 AM 11:01

DOCUMENT # **N93000002359 (8)**

1. Corporation Name

**THE CENTER FOR CARING AND COMPETENT FAMILIES, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

9212 PEBBLE CREEK DR.  
TAMPA FL 33647

19651 BRUCE B. DOWNS  
SUITE D-3149  
TAMPA FL 33647

3. Date Incorporated or Qualified **05/24/1993** 3a. Date of Last Report **11/08/1994**

4. FEI Number **59-3193705** Applied For  Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GULITZ, GORDON**  
9212 PEBBLE CREEK DR.  
TAMPA FL 33647

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 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

Signatures, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b>
NAME	<b>KRAYBILL, PAULA</b>
STREET ADDRESS	<b>235 24TH AVE. SE</b>
CITY - ST - ZIP	<b>ST. PETERSBURG FL 33705</b>
TITLE	<b>D</b>
NAME	<b>GULITZ, GORDON</b>
STREET ADDRESS	<b>9212 PEBBLE CREEK DR.</b>
CITY - ST - ZIP	<b>TAMPA FL 33647</b>
TITLE	<b>D</b>
NAME	<b>NELSEN, CHRIS</b>
STREET ADDRESS	<b>8721 BEN JON DR.</b>
CITY - ST - ZIP	<b>PORT RICHEY FL 34688</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>MARTIN COULTER</b>
4.3 STREET ADDRESS	<b>2424 W. TAMPA BAY BLVD #F-203</b>
4.4 CITY - ST - ZIP	<b>TAMPA FL</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gordon Gulitz **GORDON GULITZ** 2-25-95 **(813) 913-2357**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Type Filing #)