

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 13, 2005  
Secretary of State**

DOCUMENT# N93000002359

Entity Name: THE CENTER FOR CARING AND COMPETENT FAMILIES, INC.

**Current Principal Place of Business:**

3113 W RIO VISTA AVE  
TAMPA, FL 33614 US

**New Principal Place of Business:**

**Current Mailing Address:**

3113 W RIO VISTA AVE  
TAMPA, FL 33614 US

**New Mailing Address:**

FEI Number: 59-3193705      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

COULTER, MARTHA L  
3113 W RIO VISTA AVE  
TAMPA, FL 33614 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: PMD ( ) Delete  
Name: COULTER, MARTHA L  
Address: 3113 W RIO VISTA AVE  
City-St-Zip: TAMPA, FL 33614 US

Title: D ( ) Delete  
Name: GULITZ, GORDON  
Address: 9212 PEBBLE CREEK DR  
City-St-Zip: TAMPA, FL 33647

Title: D ( ) Delete  
Name: BYERS, ROBERT  
Address: 4016 83RD ST N  
City-St-Zip: ST PETERSBURG, FL 33709

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: GULITZ, ELIZABETH  
Address: 9212 PEBBLE CREEK DR.  
City-St-Zip: TAMPA, FL 33647

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARTHA L COULTER

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

PMD

02/13/2005

\_\_\_\_\_ Date