2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002359

FILED Jan 10, 2007 Secretary of State

Entity Name: THE CENTER FOR CARING AND COMPETENT FAMILIES, INC. **Current Principal Place of Business: New Principal Place of Business:** 3113 W RIO VISTA AVE TAMPA, FL 33614 **Current Mailing Address: New Mailing Address:** 3113 W RIO VISTA AVE TAMPA, FL 33614 FEI Number: 59-3193705 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COULTER, MARTHA L 3113 W RIÓ VISTA AVE TAMPA, FL 33614 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete COULTER, MARTHA L Name: Name: Address: 3113 W RIO VISTA AVE Address: City-St-Zip: TAMPA, FL 33614 US City-St-Zip: Title: () Delete Title: () Change () Addition Name: GULITZ, GORDON Name: Address: 9212 PEBBLE CREEK DR Address: City-St-Zip: TAMPA, FL 33647 City-St-Zip: Title: () Delete Title: () Change () Addition GULITZ, ELIZABETH Name: Name: Address: 9212 PEBBLE CREEK DR. Address: City-St-Zip: TAMPA, FL 33647 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 **PMD** 01/10/2007