

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

05 MAY -1 AM 9:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N93000004243 (2)

1. Corporation Name

CARING MINISTRIES, INC.

Principal Place of Business

Mailing Address

2220 HUNTER STREET  
FT MYERS FL 33901  
US

P O BOX 2092  
FT MYERS FL 33902-2092  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/21/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

05-0014307

Applied For

Not Applicable

2. Principal Place of Business

2b. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

WILLIAMS, ROBERT E  
535 HANCOCK BRIDGE PARKWAY  
CAPE CORAL FL 33990

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

(Signature, typed or printed name of registered agent and fee if applicable)

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME WILLIAMS, ROBERT E  
STREET ADDRESS 535 HANCOCK BRIDGE PARKWAY  
CITY- ST- ZIP CAPE CORAL FL

TITLE D  
NAME WILLIAMS, BETTY J  
STREET ADDRESS 535 HANCOCK BRIDGE PARKWAY  
CITY- ST- ZIP CAPE CORAL FL

TITLE D  
NAME HOUSER, SHIRLEY  
STREET ADDRESS 121 CONESTOGA TRAIL  
CITY- ST- ZIP NORTH FT MYERS FL

TITLE D  
NAME LEO, SHARON  
STREET ADDRESS 535 HANCOCK BRIDGE PARKWAY  
CITY- ST- ZIP CAPE CORAL

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME  
13 STREET ADDRESS  
14 CITY- ST- ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME  
23 STREET ADDRESS  
24 CITY- ST- ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME  
33 STREET ADDRESS  
34 CITY- ST- ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME  
43 STREET ADDRESS  
44 CITY- ST- ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME  
53 STREET ADDRESS  
54 CITY- ST- ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME  
63 STREET ADDRESS  
64 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 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: *Robert E Williams* ROBERT E WILLIAMS REGISTERED AGENT 4/24/95 813-986 5250

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Signature Number)