

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **N93000004243 (2)**

1. Corporation Name

**CARING MINISTRIES, INC.**



Principal Place of Business

**2220 HUNTER STREET  
FT MYERS FL 33901  
US**

Mailing Address

**P O BOX 2092  
FT MYERS FL 33902-2092  
US**

3. Date Incorporated or Qualified  
**09/21/1993**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Country

30

4. FEI Number  
**05-0014307**

Applied For  
Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00** May Be  
Added to Fees

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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

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

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Director** ☐ Change ☒ Addition  
1.2 NAME **Robert Hazen**  
1.3 STREET ADDRESS **5749 Palm Beach Blvd. #±347**  
1.4 CITY-ST-ZIP **Fort Myers, FL. 33905**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/96**  
Date

**941.936.5350**  
Daytime Phone #

CR2E037 (12/95)