

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

APPROVED
AND
FILED

1996 SEP 23 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000005750 (5)

1. Corporation Name

CARING FOR THE COMMUNITY FOUNDATION, INC.

Principal Place of Business

91551 OVERSEAS HWY
TAVERNIER FL 33070
US

Mailing Address

P.O. BOX 521
ISLAMORADA FL 33036

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

12/22/1993

3a. Date of Last Report

02/01/1995

4. FEI Number

65-0488184

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

SPRING, JOAN
94220 OVERSEAS HWY. - 4B
TAVERNIER FL 33070

10. Name and Address of New Registered Agent

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	DP
NAME	SPRING, JOAN
STREET ADDRESS	94220 U.S. HWY. ONE
CITY-ST-ZIP	TAVERNIER FL 33070
TITLE	DV
NAME	OTTO, HANS
STREET ADDRESS	88181 S.R. 4-A
CITY-ST-ZIP	ISLAMORADA FL 33036
TITLE	DS
NAME	ORZEL, LOUISE
STREET ADDRESS	PLANTATION YACHT HARBOR CLUB, SLIP 317
CITY-ST-ZIP	ISLAMORADA FL 33036
TITLE	DT
NAME	FODEMSKI, JUSTINE
STREET ADDRESS	MM 82 OLD HWY
CITY-ST-ZIP	ISLAMORADA FL 33036
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	D
12 NAME	Ralph Lawson
13 STREET ADDRESS	Baptist Health Systems of S. Florida
14 CITY-ST-ZIP	8900 N. Kendall Drive, Miami, FL 33176
21 TITLE	D
22 NAME	Robert Luse
23 STREET ADDRESS	135 Harbor Lane
24 CITY-ST-ZIP	Tavernier, FL 33070
31 TITLE	D
32 NAME	Dr. Wayne Moccia
33 STREET ADDRESS	344 E. Seaview Drive
34 CITY-ST-ZIP	Marathon, FL 33050
41 TITLE	D
42 NAME	Ken Philipson
43 STREET ADDRESS	MM 82 Old Hwy
44 CITY-ST-ZIP	Islamorada, FL 33036
51 TITLE	D
52 NAME	I. E. Schilling
53 STREET ADDRESS	6712 SW 139th Street
54 CITY-ST-ZIP	Miami, FL 33158
61 TITLE	D
62 NAME	Robert G. Baa1
63 STREET ADDRESS	13505 SW 72 Court, Miami, FL 33156
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not, January 1, 1996, 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joan Spring, President

8/22/96 (305) 852-6311

Date

Daytime Phone #

0005823

CR2E037 (3/96)

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ADDITION TO BLOCK 13:

Title	D	Addition
Name:	William H. Dickinson	
Address:	15 Perky Rd.	
City:	N. Key Largo, FL 33037	