

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 15 1997 8:00am
Secretary of State

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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 50 High Point Rd.
Suite, Apt. #, etc.
22

2a. Mailing Address
26 8900 North Kendall Dr.
Suite, Apt. #, etc.
27

City & State
23 Tavernier, Fl
Zip
24 33070

Country
25 Monroe

City & State
28 Miami, Fl
Zip
29 33176

Country
30 Dade

3. Date Incorporated or Qualified
12/22/1993

3a. Date of Last Report
09/23/1996

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name
Jody Lehman

82 Street Address (P.O. Box Number is Not Acceptable)
8900 North Kendall Drive

83

84 City
Miami

85 Zip Code
FL 33176

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 *Jody Lehman* **Jody Lehman, Vice President & General Counsel** **9/2/97**
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	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED
PD	SPRING, JOAN	94220 U.S. HWY. ONE	TAVERNIER FL 33070	<input checked="" type="checkbox"/>
VD	OTTO, HANS	88181 S.R. 4-A	ISLAMORADA FL 33036	<input checked="" type="checkbox"/>
SD	ORZEL, LOUISE	PLANTATION YACHT HARBOR CLUB, SLIP 317	ISLAMORADA FL 33036	<input type="checkbox"/>
TD	FODEMSKI, JUSTINE	MM 82 OLD HWY	ISLAMORADA FL 33036	<input type="checkbox"/>
D	LAWSON, RALPH	8900 N. KENDALL DRIVE	MIAMI FL 33176	<input type="checkbox"/>
D	LUSE, ROBERT	135 HARBOR LANE	TAVERNIER FL 33070	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED	Change	Addition
D	Vellanti, Thomas A.	17750 S.W. 248 Street	Homestead, FL 33031	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SD	Schilling, I.E.	6712 S.W. 139 Street	Miami, Florida 33158	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CD	Orzel, Louise			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (4/97)