

FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 23 1998 8:00am
Secretary of State**

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # N93000005750 (5)

CARING FOR THE COMMUNITY FOUNDATION, INC.



| | | | |
|----------------------------------------------|--------------------------------|-------------------------------------------|---------------------|
| Principal Place of Business | | Mailing Address | |
| 50 HIGH POINT RD TAVERNIER FL 33070 US | | 8900 N KENDALL DR MIAMI FL 33176 US | |
| 21 | 2. Principal Place of Business | 26 | 2a. Mailing Address |
| Suite, Apt #, etc. | | Suite, Apt #, etc. | |
| 22 | 22 | 5th Floor | |
| City & State | | City & State | |
| Coral Gables, Florida | | Coral Gables, Florida | |
| 24 | 24 | 25 | 25 |
| Zip | Country | Zip | Country |
| 33143 | | 33143 | Dade |

| | | |
|----|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| 3. | Date Incorporated or Qualified | 12/22/1993 |
| 4. | FEI Number | 65-0488184 |
| | | Applied For |
| | | Not Applicable |
| 5. | Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 6. | Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 7. | Is this nonprofit corporation a homeowners association? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 8. | This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

| | |
|-----------------------------------------------------|--|
| 9. Name and Address of Current Registered Agent | |
| LEHMAN, JODY 8900 N KENDALL DR MIAMI FL 33176 | |

| | |
|----------------------------------------------|----------------------------------------------------|
| 10. Name and Address of New Registered Agent | |
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 6855 Red Road | |
| 83 | |
| 84 | City |
| Coral Gables | |
| 85 | Zip Code |
| FL 33143 | |

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------------------|
| TITLE | D | 1.1 TITLE | CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VELLANTI, THOMAS A | 1.2 NAME | Vellanti, Thomas A |
| STREET ADDRESS | 17750 SW 248 ST | 1.3 STREET ADDRESS | 17750 S.W. 248 St. |
| CITY-ST-ZIP | HOMESTEAD FL | 1.4 CITY-ST-ZIP | Homestead FL |
| TITLE | SD | 2.1 TITLE | VCD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SCHILLING, I E | 2.2 NAME | Philipson, Ken |
| STREET ADDRESS | 6712 SW 139 ST | 2.3 STREET ADDRESS | 81933 Overseas Hwy |
| CITY-ST-ZIP | MIAMI FL | 2.4 CITY-ST-ZIP | Islamorada, Florida 33036 |
| TITLE | CD | 3.1 TITLE | TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ORZEL, LOUISE | 3.2 NAME | McComb, Terie |
| STREET ADDRESS | PLANTATION YACHT HARBOR CLUB, SLIP 317 | 3.3 STREET ADDRESS | 116 Giardino |
| CITY-ST-ZIP | ISLAMORADA FL | 3.4 CITY-ST-ZIP | Islamorada, Florida 33036 |
| TITLE | TD | 4.1 TITLE | ATD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FODEMSKI, JUSTINE | 4.2 NAME | Fodemski, Justine |
| STREET ADDRESS | MM 82 OLD HWY | 4.3 STREET ADDRESS | MM 82 Old Hwy |
| CITY-ST-ZIP | ISLAMORADA FL 33036 | 4.4 CITY-ST-ZIP | Islamorada, Florida 33036 |
| TITLE | D | 5.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | LAWSON, RALPH | 5.2 NAME | Hirsch, Gerald |
| STREET ADDRESS | 8900 N. KENDALL DRIVE | 5.3 STREET ADDRESS | 88663 State Rd 4-A |
| CITY-ST-ZIP | MIAMI FL 33176 | 5.4 CITY-ST-ZIP | Tavernier, Florida 33070 |
| TITLE | D | 6.1 TITLE | |
| NAME | LUSE, ROBERT | 6.2 NAME | |
| STREET ADDRESS | 135 HARBOR LANE | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAVERNIER FL 33070 | 6.4 CITY-ST-ZIP | |

14. I 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.

SIGNATURE: *Thomas A. Vellanti* THOMAS A. VELLANTI 3/3/98

CR2E037 (10/97)