FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000002890 (1)**

1. Corporation Name

CARING ACTIVE PARENTS INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2015 CORONET LN CLEARWATER FL 34624	2015 CORONET LN CLEARWATER FL 34624

3. Date Incorporated or Qualified: **06/10/1994**
3a. Date of Last Report:
4. FEI Number: **59-3260036** ☐ 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
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

2. Principal Place of Business
21:
Suite, Apt. #, etc.
22:
City & State
23:
Zip / Country
24: / 25:

2a. Mailing Address
26: P.O. Box 646
Suite, Apt. #, etc.
27:
City & State
28: LARGO, FL
Zip / Country
29: 34649-0646

9. Name and Address of Current Registered Agent

CUSUMANO, NICHOLAS E
2015 CORONET LN
CLEARWATER FL 34624

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	GRAHAM, JEANNE	12 NAME	
STREET ADDRESS	8125 PORTULACA AVE	13 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL 34647	14 CITY-ST-ZIP	
TITLE	DT	21 TITLE	☐ Change ☐ Addition
NAME	MANES, JEANNE R	22 NAME	
STREET ADDRESS	3736 141ST PL N #B	23 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 34641	24 CITY-ST-ZIP	
TITLE	DS	31 TITLE	☐ Change ☐ Addition
NAME	MCGOWAN, MICHELLE A	32 NAME	
STREET ADDRESS	5841 CRESMONT AVE #A	33 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34620	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	CUSUMANO, NICHOLAS E	42 NAME	
STREET ADDRESS	2015 CORONET LN	43 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34624	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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)(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: Nicholas E. Cusumano 04/25/95 (813)560-9078
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
NICHOLAS E. CUSUMANO

0000897