


FILE NOW: FILING FEE IS \$61.25

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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90086 009 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000004151 Corporation Name THE C.A.R.E-ING FOUNDATION, INC.					
Principal Place of Business 1300 ALLENDALE ROAD WEST PALM BEACH FL 33405-0667			Mailing Address 1300 ALLENDALE ROAD WEST PALM BEACH FL 33405-0667		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		28		08/28/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0811157	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Country		6. Election Campaign Financing	
24		25		Trust Fund Contribution <input type="checkbox"/>	
29		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
STUMPF, GARY W 1300 ALLENDALE ROAD WEST PALM BEACH FL 33405-0667				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: *Gary W. Stumpf* DATE: 2/1/99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE PT <input type="checkbox"/> DELETE NAME BROWN, BETTY G STREET ADDRESS 202 ANGLER AVENUE CITY-ST-ZIP PALM BEACH FL 33480				1.1 TITLE Kelly L. Hurley, Director <input checked="" type="checkbox"/> Addition 1.2 NAME Kelly L. Hurley, Director 1.3 STREET ADDRESS 1850 N. Congress Ave., #F305 1.4 CITY-ST-ZIP West Palm Beach, FL 33401			
TITLE TT <input type="checkbox"/> DELETE NAME BROWN, LARRY E STREET ADDRESS 202 ANGLER AVENUE CITY-ST-ZIP PALM BEACH FL 33480				2.1 TITLE [REDACTED] <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME [REDACTED] 2.3 STREET ADDRESS [REDACTED] 2.4 CITY-ST-ZIP [REDACTED] 06			
TITLE VPT <input type="checkbox"/> DELETE NAME BIDDIX, LOIS STREET ADDRESS 3300 FOREST HILL BLVD. #C331 CITY-ST-ZIP WEST PALM BEACH FL 33408				3.1 TITLE [REDACTED] <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME [REDACTED] 3.3 STREET ADDRESS [REDACTED] 3.4 CITY-ST-ZIP [REDACTED] 55			
TITLE [REDACTED] <input type="checkbox"/> DELETE NAME [REDACTED] STREET ADDRESS [REDACTED] CITY-ST-ZIP [REDACTED]				4.1 TITLE [REDACTED] <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME [REDACTED] 4.3 STREET ADDRESS [REDACTED] 4.4 CITY-ST-ZIP [REDACTED] 5			
TITLE [REDACTED] <input type="checkbox"/> DELETE NAME [REDACTED] STREET ADDRESS [REDACTED] CITY-ST-ZIP [REDACTED]				5.1 TITLE [REDACTED] <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME [REDACTED] 5.3 STREET ADDRESS [REDACTED] 5.4 CITY-ST-ZIP [REDACTED]			
TITLE [REDACTED] <input type="checkbox"/> DELETE NAME [REDACTED] STREET ADDRESS [REDACTED] CITY-ST-ZIP [REDACTED]				6.1 TITLE [REDACTED] <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME [REDACTED] 6.3 STREET ADDRESS [REDACTED] 6.4 CITY-ST-ZIP [REDACTED]			

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, with all other like empowered.

SIGNATURE: *Kelly L. Hurley* DATE: 2-1-99 DAYTIME PHONE: 561-655-8006

CR2E037 (1/98)