

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004151

FILED
Apr 29, 2004
Secretary of State**Entity Name:** THE C.A.R.E.ING FOUNDATION, INC.**Current Principal Place of Business:**1300 ALLENDALE ROAD
WEST PALM BEACH, FL 334050667**New Principal Place of Business:****Current Mailing Address:**1300 ALLENDALE ROAD
WEST PALM BEACH, FL 334050667**New Mailing Address:****FEI Number:** 65-0611157**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**KIERNAN, SEAN
1300 ALLENDALE ROAD
WEST PALM BEACH, FL 334050667 US**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BADESCH, SCOTT
Address: 328 CORDOVA ROAD
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VPD () Delete
Name: BROWN, LARRY E
Address: 202 ANGLER AVENUE
City-St-Zip: PALM BEACH, FL 33480

Title: CD () Delete
Name: BROWN, BETTY G
Address: 202 ANGLER AVE
City-St-Zip: PALM BEACH, FL 33480

Title: T () Delete
Name: KIERNAN, SEAN
Address: 1300 ALLENDALE RD.
City-St-Zip: WEST PALM BEACH, FL 33405

Title: D () Delete
Name: MCCOY, JOHN
Address: 500 SOUTH OCEAN
City-St-Zip: PALM BEACH, FL 33480

Title: D () Delete
Name: REYNOLDS, ANGELA
Address: 725 NORTH GOLFVIEW RD
City-St-Zip: LAKE WORTH, FL 33460

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SEAN KIERNAN

T

04/29/2004

Electronic Signature of Signing Officer or Director

Date