

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90393 038 ****61.25

DOCUMENT # N95000004151

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0611157**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KIERNAN, SEAN
1300 ALLENDALE ROAD
WEST PALM BEACH FL 33405-0667**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **BADESCH, SCOTT**
STREET ADDRESS **328 CORDOVA ROAD**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **VPD** ☐ Delete
NAME **BROWN, LARRY E**
STREET ADDRESS **202 ANGLER AVENUE**
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **CD** ☐ Delete
NAME **BROWN, BETTY G**
STREET ADDRESS **202 ANGLER AVE**
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **PCEO** ☒ Delete
NAME **STARLING, BEN III**
STREET ADDRESS **P.O. BOX 2857**
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **D** ☐ Delete
NAME **MCCOY, JOHN**
STREET ADDRESS **500 SOUTH OCEAN**
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **D** ☐ Delete
NAME **REYNOLDS, ANGELA**
STREET ADDRESS **725 NORTH GOLFVIEW RD**
CITY-ST-ZIP **LAKE WORTH FL 33460**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Treasurer** ☐ Change ☒ Addition
NAME **Sean Kiernan**
STREET ADDRESS **1300 Alendale Road**
CITY-ST-ZIP **West Palm Beach, FL 33405**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/28/03

CR2E037 (10/02)