

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90001 035 \*\*\*\*61.25

0024908

**DOCUMENT # N97000003286**

1. Corporation Name

**CARING FRIENDS FOR SENIORS, INC.**

Principal Place of Business

3 S. BOUNTY LANE  
KEY LARGO FL 33037

Mailing Address

3 S. BOUNTY LANE  
KEY LARGO FL 33037



2. Principal Place of Business

21 103400 Overseas Hwy  
Suite, Apt. #, etc.

22 #203

23 Key Largo FL  
City & State

24 33037 FL 25 Monroe  
Zip Country

2a. Mailing Address

26 P.O. Box 1263  
Suite, Apt. #, etc.

27  
28 Key Largo FL  
City & State

29 33037 30 Monroe  
Zip Country

3. Date Incorporated or Qualified

06/05/1997

4. FEI Number  
65-0762418

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

9. Name and Address of Current Registered Agent

FIKE, BARBARA  
3 S. BOUNTY LANE  
KEY LARGO FL 33037

10. Name and Address of New Registered Agent

81 Name Barbara Fike  
82 Street Address (P.O. Box Number is Not Acceptable)  
854 First Lane  
83  
84 City Key Largo FL 85 Zip Code 33037

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

*Barbara Fike*

3/1/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD  
NAME FIKE, BARBARA  
STREET ADDRESS P.O. BOX 1263 N/A  
CITY-ST-ZIP KEY LARGO FL 33037 ☐ DELETE

TITLE VTD  
NAME FIKE, MARK W  
STREET ADDRESS P.O. BOX 1263 N/A  
CITY-ST-ZIP KEY LARGO FL 33037 ☐ DELETE

TITLE D  
NAME BUNCE, WANDA  
STREET ADDRESS 404 BROWNTOWN ROAD  
CITY-ST-ZIP CHATTANOOGA TN 37415 ☐ DELETE

TITLE D  
NAME BOYERS, WENDY  
STREET ADDRESS 1904 S. BROADWAY  
CITY-ST-ZIP LEAVENWORTH KS 66048 ☐ DELETE

TITLE D  
NAME STIRLING, JENNY  
STREET ADDRESS 2412 ALABAMA STREET  
CITY-ST-ZIP LAWRENCE KS 66046 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSM ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE VT ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

*Barbara Fike*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/99

Date

305-453-1166

Daytime Phone #

CR2E037 (11/98)