

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90056 044 ****61.25

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1. Entity Name

CARING FRIENDS FOR SENIORS, INC.



Principal Place of Business

103400 OVERSEAS HWY
203
KEY LARGO FL 33037

Mailing Address

PO BOX 1263
KEY LARGO FL 33037

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

65-0762418

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FIKE, BARBARA
103400 OVERSEAS HWY
203
KEY LARGO FL 33037

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
Due By May 1, 2004

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

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

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

TITLE D ☐ Delete
NAME SANDERS, WENDY
STREET ADDRESS 8479 CARTO
CITY-ST-ZIP ORELAND PARK KS 66212

TITLE D ☐ Delete
NAME NEWMAN, LYNDIA
STREET ADDRESS 268 LINCOLN AVE
CITY-ST-ZIP KEY LARGO FL 33037

TITLE D ☐ Delete
NAME CARLEY, CINDY
STREET ADDRESS 93001 OVERSEAS HWY
CITY-ST-ZIP TAVERNIER FL 33070

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition
NAME JAY GLOVER
STREET ADDRESS 3010 Overseas Hwy
CITY-ST-ZIP MARATHON, FL 33050

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

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

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TITLE ☐ Change ☐ Addition
NAME
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Barbara L Fike 1/27/04 (205) 453-1160