

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003286

FILED
Apr 29, 2005
Secretary of State

Entity Name: CARING FRIENDS FOR SENIORS, INC.

Current Principal Place of Business:

103400 OVERSEAS HWY
203
KEY LARGO, FL 33037

New Principal Place of Business:

Current Mailing Address:

PO BOX 1263
KEY LARGO, FL 33037

New Mailing Address:

FEI Number: 65-0762418

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIKE, BARBARA
103400 OVERSEAS HWY
203
KEY LARGO, FL 33037 US

Name and Address of New Registered Agent:

FIKE, BARBARA
1805 LIGHTNING STREET
NAVARRE, FL 32566 US

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:

04/29/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSM () Delete
Name: FIKE, BARBARA
Address: P.O. BOX 1263 N/A
City-St-Zip: KEY LARGO, FL 33037

Title: VT () Delete
Name: FIKE, MARK W
Address: P.O. BOX 1263 N/A
City-St-Zip: KEY LARGO, FL 33037

Title: D () Delete
Name: BUNCE, WANDA
Address: 404 BROWNTOWN ROAD
City-St-Zip: CHATTANOOGA, TN 37415

Title: D () Delete
Name: SANDERS, WENDY
Address: 8479 CARTO
City-St-Zip: ORELAND PARK, KS 66212

Title: D () Delete
Name: NEWMAN, LYNDIA
Address: 268 LINCOLN AVE
City-St-Zip: KEY LARGO, FL 33037

Title: D () Delete
Name: CARLEY, CINDY
Address: 93001 OVERSEAS HWY
City-St-Zip: TAVERNIER, FL 33070

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSM (X) Change () Addition
Name: FIKE, BARBARA
Address: 1805 LIGHTNING ST
City-St-Zip: NAVARRE, FL 32566

Title: D (X) Change () Addition
Name: GLOVER, JAY
Address: 3010 OVERSEAS HWY
City-St-Zip: MARATHON, FL 33050

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

Title: D (X) Change () Addition
Name: SANDERS, WENDY
Address: 8479 CARTER
City-St-Zip: OVELAND PARK, KS 66212

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: BARBARA FIKE

PRES

04/29/2005

Electronic Signature of Signing Officer or Director

Date