

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 30, 2006 8:00 am**  
**Secretary of State**

05-30-2006 90037 020 \*\*\*\*61.25

**DOCUMENT # N97000003286**

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

**997 73RD STREET**

3. Mailing Address

**P.O. BOX 500942**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04272006 Chg-NP CR2E037 (11/05)

City & State

**MARATHON, FLA.**

City & State

**MARATHON, FLA.**

4. FEI Number  
**65-0762418**

Applied For  
Not Applicable

Zip  
**33050**

Country  
**U.S.A.**

Zip  
**33050**

Country  
**U.S.A.**

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

**HOLLAND, TRUMAN  
997 73 ST OCEAN  
MARATHON, FL 33050**

Name **TRUMAN HOLLAND**

Street Address (P.O. Box Number is Not Acceptable)  
**997 73RD STREET**

City **MARATHON** FL Zip Code **33050**

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 **TRUMAN HOLLAND** *Truman Holland* **5-18-06**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME **HOLLAND, TRUMAN**  
STREET ADDRESS **997 73 ST OCEAN**  
CITY-ST-ZIP **MARATHON, FL 33050**

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

TITLE S ☐ Delete  
NAME **HOLLAND, KATHY**  
STREET ADDRESS **997 73 ST OCEAN**  
CITY-ST-ZIP **MARATHON, FL 33050**

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

TITLE D ☐ Delete  
NAME **LANGDON, DOTTIE**  
STREET ADDRESS **97 MARINA AVE**  
CITY-ST-ZIP **KEY LARGO, FL 33037**

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 exemptions contained in Chapter 119, 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: *Truman Holland* **TRUMAN HOLLAND** **5-18-06** **(305)289-0004**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #