

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

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90038 029 ****61.25

90003344



☐ CHECK HERE IF MAKING CHANGES

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

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**

7. Name and Address of New Registered Agent

6. Name and Address of Current 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

11/15/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☒ Addition
NAME **Director**
STREET ADDRESS **Cindy Carley**
CITY-ST-ZIP **93001 Overseas Hwy
Tavernier, FL 33070**

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

TITLE ☐ Change ☒ Addition
NAME **Director**
STREET ADDRESS **Chris Harris**
CITY-ST-ZIP **90290 Overseas Hwy #1
Tavernier, FL 33070**

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

TITLE ☐ Change ☒ Addition
NAME **Director**
STREET ADDRESS **Margaret Trimpey**
CITY-ST-ZIP **2221 Edwards Point Rd
Signal Mountain, TN 37377**

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

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

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

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

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **VERSAGE, ELAYNE**
CITY-ST-ZIP **119 HARBORVIEW LANE
TAVERNIER FL 33070**

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 REQUIRED

11/15/03 305-453-1166

Date

Daytime Phone #

CR2E037 (10/02)