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Feb 16, 1999 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

02-16-1999 90037 030 *****61.25

DOCUMENT # N97000005819

1. Corporation Name
CARING COMMUNITIES, INC.

Principal Place of Business: 1623 SE 12TH AVE. GAINESVILLE FL 32641
Mailing Address: P. O. BOX 141162 GAINESVILLE FL 32614



2. Principal Place of Business (21-24) and Mailing Address (25-29) fields. 3. Date Incorporated or Qualified: 10/15/1997. 4. FEI Number: 59-3340605. 5. Certificate of Status Desired: \$8.75 Additional Fee Required. 6. Election Campaign Financing: \$5.00 May Be Added to Fees.

9. Name and Address of Current Registered Agent: LYONS, ANNETTE T, 1623 SE 12TH AVE, GAINESVILLE FL 32641. 10. Name and Address of New Registered Agent (81-85) fields.

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: _____ DATE: _____ (NOTE: Registered Agent signature required when reinstating)

Table with 2 main columns: 12. OFFICERS AND DIRECTORS and 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include titles and names of officers like LYONS, ANNETTE T, WILLIAMS, LARRY, and FAYSON, LUCREITA.

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: _____ DATE: 1/22/99 Daytime Phone # _____

CR2E037 (1/98)