2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000005962

1. Entity Name
A CARING PLACE, INC.

Principal Place of Business	Mailing Address
2811 NW 14 CT FORT LAUDERDALE, FL 33311	PO BOX 5152 FT LAUDERDALE, FL 33310

04042006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0874512
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, TIFFANY
2811 NW 14 COURT
FT. LAUDERDALE, FL 33311

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WILLIAMS, DELORES
STREET ADDRESS	P.O BOX 5152
CITY-ST-ZIP	FT. LAUDERDALE, FL 353105152
TITLE	TD
NAME	FLOWERS, DEVARN M
STREET ADDRESS	P.O BOX 5152
CITY-ST-ZIP	FT. LAUDERDALE, FL 333105152
TITLE	VD
NAME	MURRAY, ANNIE B
STREET ADDRESS	P.O BOX 5152
CITY-ST-ZIP	FT. LAUDERDALE, FL 333105152
TITLE	SD
NAME	FLOWERS, BRINTON
STREET ADDRESS	P.O BOX 5152
CITY-ST-ZIP	FT. LAUDERDALE, FL 333105152
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/02/06-80127-019 61.25

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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: Delores Williams Delores Williams 04/15/06 (954) 735-1580
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #