

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005962

FILED
May 10, 2011
Secretary of State

Entity Name: A CARING PLACE, INC.

Current Principal Place of Business:

2811 NW 14 CT
FORT LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

PO BOX 5152
FT LAUDERDALE, FL 33310

New Mailing Address:

FEI Number: 65-0874512

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: WILLIAMS, DELORES
Address: P.O BOX 5152
City-St-Zip: FT. LAUDERDALE, FL 333105152

Title: TD
Name: FLOWERS, DEVARN M
Address: P.O BOX 5152
City-St-Zip: FT. LAUDERDALE, FL 333105152

Title: VD
Name: MURRAY, ANNIE B
Address: P.O BOX 5152
City-St-Zip: FT. LAUDERDALE, FL 333105152

Title: SD
Name: FLOWERS, BRINTON
Address: P.O BOX 5152
City-St-Zip: FT. LAUDERDALE, FL 333105152

I hereby 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 all other like empowered.

SIGNATURE: DEVARN FLOWERS

TD

05/10/2011

Electronic Signature of Signing Officer or Director

Date