

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90266 027 \*\*\*\*61.25

|  |         |  |         |
|--|---------|--|---------|
| <b>DOCUMENT # N99000002745</b>   |         |  |         |
| 1. Entity Name<br>CARING FOR KIDS FOUNDATION, INC.                       |         |  |         |
| Principal Place of Business<br>9 SUNSHINE BLVD<br>ORMOND BEACH, FL 32174 |         | Mailing Address<br>9 SUNSHINE BLVD<br>ORMOND BEACH, FL 32174 |         |
| 2. Principal Place of Business   |         | 3. Mailing Address   |         |
| Suite, Apt. #, etc.  |         | Suite, Apt. #, etc.  |         |
| City & State   |         | City & State   |         |
| Zip  | Country | Zip  | Country |

40027374



03022005 Chg-NP CR2E037 (10/03)

4. FEI Number  
59-3579319

Applied For  
Not Applicable

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        |  |
| TUTTLE, ROBERT<br>9 SUNSHINE BLVD<br>ORMOND BEACH, FL 32174 |  | 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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                      | D <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |
| NAME                       | TUTTLE, ROB                       | NAME  |  |
| STREET ADDRESS             | 425 PINE BLUFF                    | STREET ADDRESS  |  |
| CITY-ST-ZIP                | ORMOND BEACH, FL 32174            | CITY-ST-ZIP   |  |
| TITLE                      | D <input type="checkbox"/> Delete | TITLE   | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | EDWARDS, MARK                     | NAME  | Edwards, Mark  |
| STREET ADDRESS             | 552 JOHN ANDERSON                 | STREET ADDRESS  | 552 John Anderson Drive  |
| CITY-ST-ZIP                | ORMOND BEACH, FL 32174            | CITY-ST-ZIP   | Ormond Beach, FL 32176   |
| TITLE                      | D <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |
| NAME                       | TUTTLE, ANDREA                    | NAME  |  |
| STREET ADDRESS             | 425 PINE BLUFF TRAIL              | STREET ADDRESS  |  |
| CITY-ST-ZIP                | ORMOND BEACH, FL 32174            | CITY-ST-ZIP   |  |
| TITLE                      | D <input type="checkbox"/> Delete | TITLE   | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | EDWARDS, STEPHANIE                | NAME  | Edwards, Stephanie   |
| STREET ADDRESS             | 552 JOHN ANDERSON                 | STREET ADDRESS  | 552 John Anderson Drive  |
| CITY-ST-ZIP                | ORMOND BEACH, FL 32174            | CITY-ST-ZIP   | Ormond Beach, FL 32176   |
| TITLE                      | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |
| NAME                       |                                   | NAME  |  |
| STREET ADDRESS             |                                   | STREET ADDRESS  |  |
| CITY-ST-ZIP                |                                   | CITY-ST-ZIP   |  |
| TITLE                      | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |
| NAME                       |                                   | NAME  |  |
| STREET ADDRESS             |                                   | STREET ADDRESS  |  |
| CITY-ST-ZIP                |                                   | 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: Mark Edwards  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-05 306-676-1157  
Date Daytime Phone #