

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

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90745 023 ****61.25

DOCUMENT # N99000002745

1. Entity Name

CARING FOR KIDS FOUNDATION, INC.



Principal Place of Business

**9 SUNSHINE BLVD
ORMOND BEACH FL 32174**

Mailing Address

**9 SUNSHINE BLVD
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

☐ CHECK HERE IF MAKING CHANGES

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
9 SUNSHINE BLVD
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D TUTTLE, ROB 425 PINE BLUFF ORMOND BEACH FL 32174	<input type="checkbox"/>	D TUTTLE, ROB 425 PINE BLUFF ORMOND BEACH FL 32174	<input type="checkbox"/>
D EDWARDS, MARK 352 JOHN ANDERSON ORMOND BEACH FL 32174	<input type="checkbox"/>	D Edwards, Mark 552 John Anderson Ormond Beach, FL 32174	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D TUTTLE, ANDREA 425 PINE BLUFF TRAIL OCKLAHAHA FL 32179	<input type="checkbox"/>	D TUTTLE, ANDREA 425 PINE BLUFF TRAIL OCKLAHAHA FL 32179	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D EDWARDS, STEPHANIE 9 SUNSHINE BLVD ORMOND BEACH FL 32174	<input type="checkbox"/>	D Edwards, Stephanie 552 John Anderson Ormond Beach, FL 32174	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D EDWARDS, STEPHANIE 9 SUNSHINE BLVD ORMOND BEACH FL 32174	<input type="checkbox"/>	D EDWARDS, STEPHANIE 9 SUNSHINE BLVD ORMOND BEACH FL 32174	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D EDWARDS, STEPHANIE 9 SUNSHINE BLVD ORMOND BEACH FL 32174	<input type="checkbox"/>	D EDWARDS, STEPHANIE 9 SUNSHINE BLVD ORMOND BEACH FL 32174	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

3-8-03

386-676 1157

CR2E037 (10/02)