

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004301

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: CARE 4 AMERICA INC.

**Current Principal Place of Business:**

20494 NW 27 ST  
MORRISTON, FL 32668

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 3373  
DUNNELLON, FL 34430

**New Mailing Address:**

FEI Number: 65-0955434

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

CARROLL, JUANA  
20494 NW 27 ST  
MORRISTON, FL 32668 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 ( ) Delete  
Name: CARROLL, JUANA  
Address: 20494 NW 27 ST  
City-St-Zip: MORRISTON, FL 32668

Title: VPD ( ) Delete  
Name: CARROLL, TOM  
Address: 20494 NW 27 ST  
City-St-Zip: MORRISTON, FL 32668

Title: D ( ) Delete  
Name: DIMURO, LAURA  
Address: RT # 3 BOX 326-A  
City-St-Zip: LAKE BUTLER, FL 32054

Title: D ( ) Delete  
Name: DIMURO, EMANUEL  
Address: RT # 3 BOX 326-A  
City-St-Zip: LAKE BUTLER, FL 32054

Title: PRES ( ) Delete  
Name: CARE 4 AMERICA INC  
Address: 20494 NW 27 ST  
City-St-Zip: MORRISTON, FL 32668

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: ROBINSON, MITZI  
Address: 3225 SW 181 CT  
City-St-Zip: DUNNELLON, FL 34432

Title: D ( ) Change (X) Addition  
Name: CONLEY, CHERYN  
Address: 20733 CHESTNUT ST  
City-St-Zip: DUNNELLON, FL 34431

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JUANA CARROLL

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date