

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000074451

**FILED**  
**Mar 06, 2011**  
**Secretary of State**

**Entity Name:** CARING FOR OTHERS ACADEMY, INC.

**Current Principal Place of Business:**

877 DR. MARY MCLEOD BETHUNE BLVD.  
DAYTONA BEACH, FL 32114

**New Principal Place of Business:**

956 ORANGE AVENUE  
DAYTONA BEACH, FL 32114

**Current Mailing Address:**

877 DR. MARY MCLEOD BETHUNE BLVD.  
DAYTONA BEACH, FL 32114

**New Mailing Address:**

956 ORANGE AVENUE  
DAYTONA BEACH, FL 32114

**FEI Number:** 80-0654981

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RILEY, MATILDA  
875 DR. MARY MCLEOD BETHUNE BLVD.  
SUITE B  
DAYTONA BEACH, FL 32114 US

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

SMITH, TAMMY  
956 ORANGE AVENUE  
DAYTONA BEACH, FL 32114 US

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:** TAMMY SMITH-BOUIE

03/06/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** BUTLER, CORWIN  
**Address:** 956 ORANGE AVENUE  
**City-St-Zip:** DAYTONA BEACH, FL 32114

**Title:** D  
**Name:** SMITH-BOUIE, TAMMY  
**Address:** 956 ORANGE AVENUE  
**City-St-Zip:** DAYTONA BEACH, FL 32114

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** TAMMY SMITH-BOUIE

D

03/06/2011

Electronic Signature of Signing Officer or Director

Date