~~SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER [illegible] 1994. [illegible] (IF DISSOLVED, [illegible] AMOUNT DUE TO REINSTATE $375)~~

CORPORATION ANNUAL REPORT ~~1994~~ 1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200001498532
-05/24/95--01081--011
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000067045 (3)

1. Corporation Name
CAREGIVERS PUBLICATIONS, INC.

Mailing Address	Principal Place of Business
3664 RIVERSIDE AVE.	3664 RIVERSIDE AVE.
JACKSONVILLE FL 32205	JACKSONVILLE FL 32205

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Mailing Address	2a. Principal Place of Business
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

3. Date Incorporated or Qualified: 09/27/1993
3a. Date of Last Report:
4. FEI Number: 59-3202-535 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired: $8.75 Additional Fee Required ☐
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐
8. This corporation has paid its intangible tax under S. 199.062, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DILLINGHAM LESLIE G
225 WATER ST.
SUITE 900
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505 or 617.0503, Florida Statutes.

SIGNATURE ______ DATE ______

12.	OFFICERS AND DIRECTORS	13.	CHANGES TO OFFICERS AND DIRECTORS IN 12
1-1 TITLE	D	1-1 TITLE	
1-2 NAME	DELANEY RACHELLE H	1-2 NAME	
1-3 STREET ADDRESS	3664 RIVERSIDE AVE.	1-3 STREET ADDRESS	
1-4 CITY-ST-ZIP	JACKSONVILLE FL 32205	1-4 CITY-ST-ZIP	
2-1 TITLE	D	2-1 TITLE	
2-2 NAME	JOHNSON ANNE M	2-2 NAME	
2-3 STREET ADDRESS	4451 HERSCHEL ST.	2-3 STREET ADDRESS	
2-4 CITY-ST-ZIP	JACKSONVILLE FL 32210	2-4 CITY-ST-ZIP	
3-1 TITLE		3-1 TITLE	
3-2 NAME		3-2 NAME	
3-3 STREET ADDRESS		3-3 STREET ADDRESS	
3-4 CITY-ST-ZIP		3-4 CITY-ST-ZIP	
4-1 TITLE		4-1 TITLE	
4-2 NAME		4-2 NAME	
4-3 STREET ADDRESS		4-3 STREET ADDRESS	
4-4 CITY-ST-ZIP		4-4 CITY-ST-ZIP	REMITTED BY MAY 1
5-1 TITLE		5-1 TITLE	
5-2 NAME		5-2 NAME	
5-3 STREET ADDRESS		5-3 STREET ADDRESS	
5-4 CITY-ST-ZIP	5/1/95 MST	5-4 CITY-ST-ZIP	
6-1 TITLE		6-1 TITLE	
6-2 NAME		6-2 NAME	
6-3 STREET ADDRESS		6-3 STREET ADDRESS	
6-4 CITY-ST-ZIP		6-4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rachelle H Delaney May 1, 95 904 388-2416

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0148001