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FILED

May 05 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000020238 (7)

1. Corporation Name

CARING COMMUNITY CENTERS, INC.

Principal Place of Business

1635 S BAYSHORE DR  
MIAMI FL 33133

Mailing Address

1635 S BAYSHORE DR  
MIAMI FL 33133-4213



3. Date Incorporated or Qualified  
03/04/1996

3a. Date of Last Report

4. FEI Number  
65-0653847

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 2414 Coral Way  
Suite, Apt #, etc.

2a. Mailing Address

26 2414 CORAL Way  
Suite, Apt #, etc.

City & State

23 Miami, FL

City & State

28 MIAMI, FL

Zip  
24 33145

Country

25 Dade

Zip  
29 33145

Country

30 DADE

9. Name and Address of Current Registered Agent

CARRUTHERS, RUTH  
1635 S BAYSHORE DR  
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name  
CARRUTHERS, RUTH

82 Street Address (P.O. Box Number is Not Acceptable)

2414 Coral Way

84 City

MIAMI

FL

85 Zip Code

33145

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

4-25-97

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE  
NAME Hague, MARY J.  
STREET ADDRESS 1635 S. Bayshore Drive  
CITY-ST-ZIP MIAMI FL. 33133

TITLE VSD ☐ DELETE  
NAME CARRUTHERS, Ruth  
STREET ADDRESS 7120 MIRA FLORES AVENUE  
CITY-ST-ZIP Coral Gables FL 33143

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 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, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-97

CR2E034 (9/96)