

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009425

FILED  
Apr 17, 2009  
Secretary of State

Entity Name: JCP CARES, INC.

**Current Principal Place of Business:**

450-106 STATE ROAD 13 N #165  
ST JOHNS, FL 32259

**New Principal Place of Business:**

**Current Mailing Address:**

450-106 STATE ROAD 13 N #165  
ST JOHNS, FL 32259

**New Mailing Address:**

FEI Number: 26-1163696

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BRAVO, KATHERINE A  
450-106 STATE ROAD 13 N #165  
ST JOHNS, FL 32259 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: P ( ) Delete  
Name: BRAVO, KATHERINE A  
Address: 450-106 STATE ROAD 13 N #165  
City-St-Zip: ST JOHNS, FL 32259

Title: V ( ) Delete  
Name: WAGGONER, LINDSEY  
Address: 450-106 STATE ROAD 13 N #165  
City-St-Zip: ST JOHNS, FL 32259

Title: V ( ) Delete  
Name: TEIXIRA, CLAIRE  
Address: 450-106 STATE ROAD 13 N #165  
City-St-Zip: ST JOHNS, FL 32259

Title: S ( ) Delete  
Name: FORCIER, JERALYN  
Address: 450-106 STATE ROAD 13 N #165  
City-St-Zip: ST JOHNS, FL 32259

Title: T ( ) Delete  
Name: OBER, NANCY  
Address: 450-106 STATE ROAD 13 N #165  
City-St-Zip: ST JOHNS, FL 32259

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

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: KATHERINE A. BRAVO

P

04/17/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date