

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737797

Entity Name: CIRCLES OF CARE, INC.**Current Principal Place of Business:**400 EAST SHERIDAN ROAD
MELBOURNE, FL 32901**Current Mailing Address:**400 EAST SHERIDAN ROAD
MELBOURNE, FL 32901**FEI Number:** 59-1101553**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**LORD, STEPHEN L
400 EAST SHERIDAN ROAD
MELBOURNE, FL 32901 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:** STEPHEN L. LORD

01/15/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	LORD, STEPHEN L
Address	400 E.SHERIDAN ROAD
City-State-Zip:	MELBOURNE FL 32901

Title	DIRECTOR
Name	LIGHTLE, BRIAN L
Address	400 EAST SHERIDAN ROAD
City-State-Zip:	MELBOURNE FL 32901

Title	DIRECTOR
Name	SALONEN, ROBERT E
Address	400 EAST SHERIDAN ROAD
City-State-Zip:	MELBOURNE FL 32901

Title	TREASURER
Name	VINTROUX, WILLIAM
Address	400 EAST SHERIDAN ROAD
City-State-Zip:	MELBOURNE FL 32901

Title	PURCHASING OFFICER
Name	WATERS, JR., RICHARD
Address	400 EAST SHERIDAN ROAD
City-State-Zip:	MELBOURNE FL 32901

Title	SECRETARY
Name	DIX, TONYA
Address	400 EAST SHERIDAN ROAD
City-State-Zip:	MELBOURNE FL 32901

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

SIGNATURE: STEPHEN LORD

PRESIDENT

01/15/2024

Electronic Signature of Signing Officer/Director Detail

Date