

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002563

Entity Name: CARE COMMUNITY CENTER, INC.**Current Principal Place of Business:**6452 PEMBROKE RD
MIRAMAR, FL 33023**Current Mailing Address:**6452 PEMBROKE RD
MIRAMAR, FL 33023**FEI Number:** 65-1117256**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**JAMES, DAFTON
1503 SW 161ST AVE
PEMBROKE PINES, FL 33025 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:** DAFTON JAMES

02/24/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PD
Name	JAMES, DAFTON
Address	1503 SW 161 AVE
City-State-Zip:	PEMBROKE PINES FL 33025

Title	S
Name	JOHNSON, MARILYN
Address	6411 W FALCONS LEE DR
City-State-Zip:	DAVIE FL 33331

Title	D
Name	JAMES, ODANE
Address	1503 SW 161 AVE
City-State-Zip:	PEMBROOKE PINES FL 33025

Title	DIRECTOR
Name	REID, KENNETH
Address	6452 PEMBROKE ROAD
City-State-Zip:	MIRAMAR FL 33023

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: ODANE JAMES**DIRECTOR**

02/24/2022

Electronic Signature of Signing Officer/Director Detail

Date