

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000008430

**Entity Name:** CARD SYSTEMS CARES INC.**Current Principal Place of Business:**1721 SE 47TH TERRACE  
CAPE CORAL, FL 33904**Current Mailing Address:**1721 SE 47TH TERRACE  
CAPE CORAL, FL 33904 US**FEI Number:** 61-1475903**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SPARY, CHANDRA  
1721 SE 47TH TERRACE  
CAPE CORAL, FL 33904 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	P
Name	SPARY, CHANDRA M
Address	1721 SE 47TH TERRACE
City-State-Zip:	CAPE CORAL FL 33904

Title	DIR
Name	SPARY, CHANDRA M
Address	1721 SE 47TH TERRACE
City-State-Zip:	CAPE CORAL FL 33904

Title	DIR
Name	AUGER, SHERI
Address	1721 SE 47TH TERRACE
City-State-Zip:	CAPE CORAL FL 33904

Title	DIR
Name	OSELETT, LINDA
Address	1721 SE 47TH TERRACE
City-State-Zip:	CAPE CORAL FL 33904

*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:** CHANDRA SPARY**DIRECTOR****03/13/2018**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date