

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000011184

**Entity Name:** CARE CONNECTIONS, INC.

**Current Principal Place of Business:**

8928 BRITTANY WAY  
TAMPA, FL 33619

**Current Mailing Address:**

8928 BRITTANY WAY  
TAMPA, FL 33619 US

**FEI Number:** 20-2810644

**Certificate of Status Desired:** Yes

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

BAKAS, JOHN WJR  
150 E BLOOMINGDALE AVENUE  
BRANDON, FL 33511 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           DIRECTOR  
Name           HO-PEHLING, LILLY  
Address        613 S NEWPORT AVE  
City-State-Zip: TAMPA FL 33606

Title           DIRECTOR  
Name           MCINTYRE, BECKY  
Address        123 O'BERRY TRAIL  
City-State-Zip: SEBRING FL 33870

Title           CEO  
Name           MCHENRY, CHARLOTTE  
Address        8928 BRITTANY WAY  
City-State-Zip: TAMPA FL 33619

Title           DIRECTOR  
Name           GOODSON, GEORGIANA  
Address        2515 TROY AVENUE  
City-State-Zip: LAKELAND FL 33803

*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:** CHARLOTTE MCHENRY

CEO

02/13/2019

Electronic Signature of Signing Officer/Director Detail

Date