

2016 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	PRES
Name	DARBY, BEN
Address	PO BOX 2971
City-State-Zip:	LAKELAND FL 33806

Title	VP
Name	HO-PEHLING, LILLY
Address	613 S NEWPORT AVE
City-State-Zip:	TAMPA FL 33606

Title	TREA
Name	ALBRITTON, SHERRI
Address	PO BOX 371
City-State-Zip:	WAUCHULA FL 33873

Title	SEC
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

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

04/29/2016

Electronic Signature of Signing Officer/Director Detail_____
Date