

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000004403

**Entity Name:** JEANS COMFORT CARE, INC.

**Current Principal Place of Business:**

102 WESTCHESTER LANE  
HINESVILLE, GA 31313

**Current Mailing Address:**

102 WESTCHESTER LANE  
HINESVILLE, GA 31313 US

**FEI Number:** 16-1722051

**Certificate of Status Desired:** No

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

JONES, GLORIA J  
102 WESTCHESTER LANE  
HINESVILLE, FL 31313 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 PC  
Name JONES, GLORIA J  
Address 102 WESTCHESTER LANE  
City-State-Zip: HINESVILLE GA 31313

Title VC  
Name JONES, ORAIN V  
Address 102 WESTCHESTER LANE  
City-State-Zip: HINESVILLE GA 31313

Title M  
Name MOSELY, FREDRICK BISHOP  
Address 8415 GULFWOOD LANE  
City-State-Zip: HOUSTON TX 77075

Title SECRETARY  
Name JOHNSON, SUZETTE P  
Address 4000 SW 18TH STREET #3C  
City-State-Zip: MIAMI 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:** GLORIA JONES

**PRESIDENT**

**02/17/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date