

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000004403

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

**Current Principal Place of Business:**

2710 NE 59TH ST.  
GAINESVILLE, FL 32609

**Current Mailing Address:**

PO BOX 5663  
GAINESVILLE, FL 32627-5663

**FEI Number:** 16-1722051

**Certificate of Status Desired:** No

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

JONES, GLORIA J  
2710 NE 27TH AVE  
GAINESVILLE, FL 32609 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 2710 NE 27TH AVE  
City-State-Zip: GAINESVILLE FL 32609

Title VC  
Name JONES, ORAIN V  
Address 2710 NE 59TH STREET  
City-State-Zip: GAINESVILLE FL 32609

Title S  
Name TSCHIRHART, MARIE DR.  
Address 8818 SW 122ND STREET  
City-State-Zip: GAINESVILLE FL 32608

Title T  
Name TAYLOR, WILLIS JR.  
Address 3206 NE 142ND LANE  
City-State-Zip: GAINESVILLE FL 32609

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

Title M  
Name REGINA, BRADLEY  
Address 5310 NW 234TH AVE  
City-State-Zip: ALACHUA FL 32615

*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

**CHAIRMAN**

01/09/2014

Electronic Signature of Signing Officer/Director Detail

Date