

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009916

Entity Name: CARE NET ABSTINENCE EDUCATORS, INC.**Current Principal Place of Business:**1503 24TH STREET
VERO BEACH, FL 32960**Current Mailing Address:**PO BOX 836
VERO BEACH, FL 32961**FEI Number:** 87-0752312**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MORRIS, KRISS
1503 24TH ST
VERO BEACH, FL 32960 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:** KRISS MORRIS

01/31/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name STEPHENSON, CHRIS
Address 1579 LEXINGTON SQ SW
City-State-Zip: VERO BEACH FL 32962

Title PRESIDENT
Name MORRIS, KRISS
Address 2970 PIEDMONT PL SW
City-State-Zip: VERO BEACH FL 32968

Title SECRETARY
Name CAMACHO, MARIA
Address 6530 PINE LN
City-State-Zip: VERO BEACH FL 32967

Title EXECUTIVE DIRECTOR
Name MARTINELLI, BONNIE
Address 2100 13TH ST SW
City-State-Zip: VERO BEACH FL 32962-5221

Title VP
Name BECKLEY, AMY DR.
Address 175 RIVERWAY DR
City-State-Zip: VERO BEACH FL 32963

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: BONNIE MARTINELLI**EXECUTIVE DIRECTOR**

01/31/2023

Electronic Signature of Signing Officer/Director Detail

Date