

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004010

Entity Name: CARES SUICIDE PREVENTION, INC.

Current Principal Place of Business:

8695 COLLEGE PKWY
SUITE 2428
FORT MYERS, FL 33919

Current Mailing Address:

8695 COLLEGE PKWY
SUITE 2428
FORT MYERS, FL 33919

FEI Number: 20-4679724

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CERVASIO, VIRGINIA
8695 COLLEGE PKWY
SUITE 2428
FORT MYERS, FL 33919 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: VIRGINIA CERVASIO

01/13/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name DOUSE, PRINCE
Address 8695 COLLEGE PKWY, SUITE 2428
City-State-Zip: FORT MYERS FL 33919

Title PRESIDENT
Name SPRATT, MANDIE
Address 8695 COLLEGE PKWY
SUITE 2428
City-State-Zip: FORT MYERS FL 33919

Title ASST. SECRETARY
Name CERVASIO, VIRGINIA
Address 8695 COLLEGE PKWY
SUITE 2428
City-State-Zip: FORT MYERS FL 33919

Title TREASURER
Name MANNING, JEFFREY
Address 8695 COLLEGE PKWY
SUITE 2428
City-State-Zip: FORT MYERS FL 33919

Title BOARD OF DIRECTORS
Name MACKENN, THOMAS
Address 8695 COLLEGE PKWY
SUITE 2428
City-State-Zip: FORT MYERS FL 33919

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: JEFFREY MANNING

TREASURER

01/13/2017

Electronic Signature of Signing Officer/Director Detail

Date