

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009425

Entity Name: ST. JOHNS CARES, INC.

Current Principal Place of Business:

450-106 STATE ROAD 13 N #165
ST JOHNS, FL 32259

Current Mailing Address:

450-106 STATE ROAD 13 N #165
ST JOHNS, FL 32259

FEI Number: 26-1163696

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BALKE, MEG
450-106 STATE ROAD 13 N #165
ST JOHNS, FL 32259 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 P
Name BALKE, MARGUERITE
Address 450-106 STATE ROAD 13 N #165
City-State-Zip: ST JOHNS FL 32259

Title VP
Name HONIKER, CLIFF
Address 450-106 STATE ROAD 13 N #165
City-State-Zip: ST JOHNS FL 32259

Title S
Name GOMOLKA, LINDA
Address 450-106 STATE ROAD 13 N #165
City-State-Zip: ST JOHNS FL 32259

Title T
Name NEUDIGATE , CHARLOTTE
Address 450-106 STATE ROAD 13 N #165
City-State-Zip: ST JOHNS FL 32259

Title 2ND VICE PRESIDENT
Name NAY, LILLIE
Address 450-106 STATE ROAD 13 N #165
City-State-Zip: ST JOHNS FL 32259

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: MARGUERITE BALKE

PRESIDENT

01/28/2016

Electronic Signature of Signing Officer/Director Detail

Date