

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

DOCUMENT# N07000009425

**Jan 25, 2024**

**Entity Name:** ST. JOHNS CARES, INC.

**Secretary of State  
4786536397CC**

**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 US

**FEI Number:** 26-1163696

**Certificate of Status Desired:** No

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

KRINISKE, MARY ANN  
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:** MARY ANN KRINISKE

01/25/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name KRINISKE, MARY ANN  
Address 450-106 STATE ROAD 13 N #165  
City-State-Zip: ST JOHNS FL 32259

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

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

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

Title DIRECTOR  
Name BRAVO, KATHERINE  
Address 450-106 STATE ROAD 13 N #165  
City-State-Zip: ST JOHNS FL 32259

Title DIRECTOR  
Name NUNNERY, DOUG  
Address 450-106 STATE ROAD 13 N #165  
City-State-Zip: ST JOHNS FL 32259

Title DIRECTOR  
Name CROWELL, HARRY  
Address 450-106 STATE ROAD 13 N #165  
City-State-Zip: ST JOHNS FL 32259

Title DIRECTOR  
Name CIRILLO, FRANK  
Address 450-106 STATE ROAD 13 N #165  
City-State-Zip: ST JOHNS FL 32259

**Continues on page 2**

*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:** MARY ANN KRINISKE

**PRESIDENT**

01/25/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           KATHY, LOBINSKY  
Address        450-106 STATE ROAD 13 N #165  
City-State-Zip: ST JOHNS FL 32259

Title           DIRECTOR  
Name           LEVRINI, ABIGAIL  
Address        450-106 STATE ROAD 13 N #165  
City-State-Zip: ST JOHNS FL 32259