

2022 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 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

01/19/2022

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 GOMOLKA, LINDA
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 MILLER, SUSAN
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

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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

01/19/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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