

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

**FILED**

**Jan 20, 2024**

**Secretary of State**

**6698544823CC**

DOCUMENT# N12000004468

**Entity Name:** ONE WORLD CARE, INC.

**Current Principal Place of Business:**

5200 NW 43RD STREET STE 102-346  
GAINESVILLE, FL 32606-4484

**Current Mailing Address:**

5200 NW 43RD STREET STE 102-346  
GAINESVILLE, FL 32606-4484

**FEI Number:** 45-5236378

**Certificate of Status Desired:** No

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

DILL, ESQ., R. JOSEPH  
707 PENINSULAR PLACE  
JACKSONVILLE, FL 32204 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:** R. JOSEPH DILL, ESQ.

01/20/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name AMERSON, JOHN  
Address 5200 NW 43RD STREET STE 102-346  
City-State-Zip: GAINESVILLE FL 32606-4484

Title CHAIRMAN  
Name COLON, STEVEN C  
Address 5200 NW 43RD STREET STE 102-346  
City-State-Zip: GAINESVILLE FL 32606-4484

Title DIRECTOR  
Name SHAPIRO, ROBINA  
Address 5200 NW 43RD STREET STE 102-346  
City-State-Zip: GAINESVILLE FL 32606-4484

Title DIRECTOR  
Name YOMANO, SHELLY  
Address 5200 NW 43RD STREET STE 102-346  
City-State-Zip: GAINESVILLE FL 32606-4484

Title DIRECTOR  
Name COTTA, SHELBY LYNN  
Address 5200 NW 43RD STREET STE 102-346  
City-State-Zip: GAINESVILLE FL 32606-4484

Title DIRECTOR  
Name LAWSON JR, ERIC L  
Address 5200 NW 43RD STREET STE 102-346  
City-State-Zip: GAINESVILLE FL 32606-4484

Title DIRECTOR  
Name DJUKIC, ALEKSANDAR  
Address 5200 NW 43RD STREET STE 102-346  
City-State-Zip: GAINEVILLE FL 32606-4484

Title DIRECTOR  
Name FOGEL, KAILEE NICOLE  
Address 5200 NW 43RD STREET STE 102-346  
City-State-Zip: GAINESVILLE FL 32606-4484

**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:** STEVEN C. COLON

**CHAIRMAN**

01/20/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            KERRIN, NANCY MARRIA  
Address        5200 NW 43RD STREET STE 102-346  
City-State-Zip: GAINESVILLE FL 32606-4484