

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000004734

**Entity Name:** THE COCKTAILS & CAREGIVERS FOUNDATION, INC.

**Current Principal Place of Business:**

12039 ADMIRALS POINTE DR  
INDIANAPOLIS, IN 46236

**Current Mailing Address:**

PO BOX 866  
WESTFIELD, IN 46074 US

**FEI Number:** 47-3817378

**Certificate of Status Desired:** No

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

REGISTERED AGENTS INC  
7901 4TH ST N  
STE 300  
ST. PETERSBURG, FL 33702 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:** LINDSEY HAMMOND

04/30/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name EVANS, AMANDA  
Address 12039 ADMIRALS POINTE DR  
City-State-Zip: INDIANAPOLIS IN 46235

Title COOD  
Name COOK, JENNIFER  
Address 10109 CLAIEMEL COURT  
City-State-Zip: ORLANDO FL 32817

Title VP  
Name UMBACH, ALEXANDRA M  
Address 2489 BIRD LANE  
City-State-Zip: BATAVIA IL 60510

Title TREASURER  
Name HAMMOND, LINDSEY  
Address 10474 N COUNTY ROAD 950 E  
City-State-Zip: BROWNSBURG IN 46112

Title SECRETARY  
Name MITCHELL, SARAH  
Address 6606 VENTNOR PL  
City-State-Zip: INDIANAPOLIS IN 46217

Title OTHER  
Name GOLDMAN, ASHLEY  
Address 841 STOCKBRIDGE DR  
City-State-Zip: WESTFIELD IN 46074

Title OTHER  
Name BREIER, NATE  
Address 2212 HILL LANE  
City-State-Zip: BATAVIA IL 60510

*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:** LINDSEY HAMMOND

TREASURER

04/30/2023

Electronic Signature of Signing Officer/Director Detail

Date