

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000004734

Entity Name: THE COCKTAILS & CAREGIVERS FOUNDATION, INC.

Current Principal Place of Business:

11546 OLD STONE 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

04/14/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name CLARK-WAHL, AMANDA
Address 11546 OLD STONE DR
City-State-Zip: INDIANAPOLIS IN 46236

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 C HAMMOND

TREASURER

04/14/2024

Electronic Signature of Signing Officer/Director Detail

Date