

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

DOCUMENT# N16000006333

**Entity Name:** NWFL CARES, INC

**Current Principal Place of Business:**

4408 DELWOOD LANE  
SUITE 4  
PANAMA CITY, FL 32408

**Current Mailing Address:**

4408 DELWOOD LANE  
SUITE 4  
PANAMA CITY, FL 32408 US

**FEI Number:** 81-3122915

**Certificate of Status Desired:** No

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

CLARK, SUZANNE LCSW  
4408 DELWOOD LANE  
SUITE 4  
PANAMA CITY, FL 32408 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name CLARK, SUZANNE A  
Address 4408 DELWOOD LANE  
SUITE 4  
City-State-Zip: PANAMA CITY FL 32408

*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:** SUZANNE CLARK

**PRESIDENT**

**04/30/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date