

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000000007

Entity Name: CARE SPOT ADULT DAY CENTER, INC

Current Principal Place of Business:

846 POYDRAS LANE N
JACKSONVILLE, FL 32218

Current Mailing Address:

846 POYDRAS LANE N
JACKSONVILLE, FL 32218

FEI Number: 81-4628938

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FORDE, STEPHANIE R
846 POYDRAS LANE N
JACKSONVILLE, FL 32218 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 FORDE, STEPHANIE R
Address 846 POYDRAS LANE N
City-State-Zip: JACKSONVILLE FL 32218

Title D
Name FORDE, ERNEST JR
Address 846 POYDRAS LANE N
City-State-Zip: JACKSONVILLE FL 32218

Title D
Name GREEN, JIMMIE L
Address 12351 V C JOHNSON RD
City-State-Zip: JACKSONVILLE FL 32218

Title D
Name GREEN, SANDRA M
Address 12351 V C JOHNSON RD
City-State-Zip: JACKSONVILLE FL 32218

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: STEPHANIE FORDE

PRESIDENT

04/14/2018

Electronic Signature of Signing Officer/Director Detail

Date