

**2019 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N17000000007

**FILED  
Oct 21, 2019  
Secretary of State  
5857795623CR**

**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:**

EXCEL BEYOND REACH GROUP HOME AND SUPPORT SERVICES  
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: STEPHANIE FORDE**

**10/21/2019**

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**

**10/21/2019**

Electronic Signature of Signing Officer/Director Detail

Date