

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

DOCUMENT# N18000001599

**Entity Name:** SUNNY CARES FOUNDATION, INC.

**Current Principal Place of Business:**

333 SW 140TH TERRACE  
JONESTVILLE, FL 32669

**Current Mailing Address:**

333 SW 140TH TERRACE  
JONESTVILLE, FL 32669

**FEI Number:** 82-4877291

**Certificate of Status Desired:** No

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

LASH, ROBERT A  
2770 NW 43RD STREET  
SUITE A  
GAINESVILLE, FL 32606 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, VP  
Name HUNT, JODI  
Address 333 SW 140TH TERRACE  
City-State-Zip: JONESTVILLE FL 32669

Title S  
Name RINI, CLAIRE  
Address 333 SW 140TH TERRACE  
City-State-Zip: JONESTVILLE FL 32669

Title T  
Name BENNETT, PHIL  
Address 333 SW 140TH TERRACE  
City-State-Zip: JONESTVILLE FL 32669

*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:** JODI HUNT

P, VP

02/08/2023

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

\_\_\_\_\_  
Date