## 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000006664

Entity Name: CAREGIVER ALLIANCE NETWORK, INC.

**FILED** Jan 15, 2019 **Secretary of State** 2660073887CC

## **Current Principal Place of Business:**

5326 WELLFLEET DRIVE N SARASOTA, FL 84241

## **Current Mailing Address:**

5326 WELLFLEET DRIVE N SARASOTA. FL 84241 US

FEI Number: 83-0979077 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

PAYNE, JAMES T 5326 WELLFLEET DR N SARASOTA, FL 34241 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: JAMES PAYNE 01/15/2019

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title Title D

YARDMAN, JODI Name BREAKSTONE, STEVE Name 217 CHIPPEWA DRIVE Address 3231 E FOREST LAKE DR Address City-State-Zip: SARASOTA FL 34232 SAVANNAH GA 31406

Title D

City-State-Zip:

PAYNE, CHRISTINE MIEKO Name Address 5326 WELLFLEET DR N City-State-Zip: SARASOTA FL 34241

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: CHRISTINE PAYNE

Electronic Signature of Signing Officer/Director Detail

OFFICER/DIRECTOR

01/15/2019