

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000012189

Entity Name: DARE TO CARE, INC.

Current Principal Place of Business:

4085 NW 16TH ST
LAUDERHILL, FL 33313

Current Mailing Address:

4085 NW 16TH ST
LAUDERHILL, FL 33313 US

FEI Number: 83-2651518

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HANKERSON, BRIAN
5555 NW 95TH AVE
SUNRISE, FL 33351 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 TREASURER
Name HANKERSON, BRIAN
Address 4085 NW 16TH ST
City-State-Zip: LAUDERHILL FL 33313

Title DIRECTOR
Name FERNANDEZ, HENRY
Address 4085 NW 16TH ST
City-State-Zip: LAUDERHILL FL 33313

Title DIRECTOR
Name HILL, DEBORAH
Address 4085 NW 16TH ST
City-State-Zip: LAUDERHILL FL 33313

Title VC
Name GORDON, ROY
Address 4085 NW 16TH ST
City-State-Zip: LAUDERHILL FL 33313

Title DIRECTOR
Name REIZEN, MYLA
Address 4085 NW 16TH ST
City-State-Zip: LAUDERHILL FL 33313

Title DIRECTOR
Name GUILLAUME, HERMIONE
Address 4085 NW 16TH ST
City-State-Zip: LAUDERHILL FL 33313

Title DIRECTOR
Name VÉLEZ, PACO
Address 4085 NW 16TH ST
City-State-Zip: LAUDERHILL FL 33313

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: BRIAN HANKERSON

TREASURER

02/21/2024

Electronic Signature of Signing Officer/Director Detail

Date