

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000013313

**Entity Name:** KP CARES FOUNDATION INC.

**Current Principal Place of Business:**

8024 W MCNAB ROAD  
NORTH LAUDERDALE, FL 33068

**Current Mailing Address:**

8024 W MCNAB ROAD  
NORTH LAUDERDALE, FL 33068 US

**FEI Number: 83-2952490**

**Certificate of Status Desired: Yes**

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

TORRENCE, DAVID M  
3995 NW 94TH WAY  
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 P  
Name TORRENCE, DAVID M.  
Address 3995 NW 94TH WAY  
City-State-Zip: SUNRISE FL 33351

Title DIRECTOR  
Name HUGHES, SHARON  
Address 550 NW 29TH AVE  
City-State-Zip: FORT LAUDERDALE FL 33311

Title SECRETARY  
Name WHITFIELD, AUTUMN  
Address 404 NW 68TH AVE  
217  
City-State-Zip: PLANTATION FL 33317

Title TREASURER  
Name PROSPER-TORRENCE, MONIQUE  
Address 3995 NW 94TH WAY  
City-State-Zip: PLANTATION FL 33068

Title VP  
Name TORRENCE, RODERICK  
Address 8024 WEST MCNAB ROAD  
City-State-Zip: NORTH LAUDERDALE FL 33068

*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: DAVID TORRENCE**

**PRESIDENT**

**02/22/2024**

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

\_\_\_\_\_  
Date