

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21000009818

Entity Name: COLLIN CARES, INC.**Current Principal Place of Business:**160 LOQUAT RD NE
LAKE PLACID, FL 33852**Current Mailing Address:**160 LOQUAT RD NE
LAKE PLACID, FL 33852 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FULTON, KENIA
160 LOQUAT RD NE
LAKE PLACID, FL 33852 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	FULTON, KENIA
Address	160 LOQUAT RD NE
City-State-Zip:	LAKE PLACID FL 33852

Title	VP
Name	FULTON, RODNEY
Address	160 LOQUAT RD NE
City-State-Zip:	LAKE PLACID FL 33852

Title	O
Name	CARLSON, CASEY
Address	2620 TAYLOR ST
City-State-Zip:	HOLLYWOOD FL 33020

Title	O
Name	CARLSON, LILLIAN
Address	2620 TAYLOR ST
City-State-Zip:	HOLLYWOOD FL 33020

Title	O
Name	CARLSON, JASON
Address	2620 TAYLOR ST
City-State-Zip:	HOLLYWOOD FL 33020

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: KENIA FULTON

PRESIDENT

03/16/2023

Electronic Signature of Signing Officer/Director Detail_____
Date