

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21000011496

Entity Name: TRIKE LIFE CARES INC.

Current Principal Place of Business:

10461 SAGE THRASHER AVE
WEEKI WACHEE, FL 34614

Current Mailing Address:

P.O. BOX 5224
SPRING HILL, FL 34611 US

FEI Number: 87-3042289

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROSE, MARCY
10461 SAGE THRASHER AVE
BROOKSVILLE, FL 34614 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 ROSE, MARCY
Address 10461 SAGE THRASHER AVE
City-State-Zip: BROOKSVILLE FL 34614

Title VP
Name PETERS, CHERYL A
Address N75 W17279 WILSON DR.
City-State-Zip: MENOMONEE FALLS WI 53051

Title TR
Name CAMPBELL-BERTHEL, KELLY
Address 318 HIGHLAND DR.
City-State-Zip: EDEN NC 27288

Title SECRETARY
Name HILL , KRISTI
Address 522 N. AFTERGLOW CIRCLE
City-State-Zip: CRYSTAL RIVER FL 34429

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: MARCY ROSE

PRESIDENT

04/18/2023

Electronic Signature of Signing Officer/Director Detail

Date