

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22000007162

Entity Name: I CARE NETWORKING INTERNATIONAL "INC"**Current Principal Place of Business:**7351 NW 37TH STREET
LAUDERHILL, FL 33319**Current Mailing Address:**7351 NW 37TH STREET
LAUDERHILL, FL 33319 US**FEI Number: 88-3047300****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**RHODEN, ANTOINETTE
7351 NW 37TH STREET
LAUDERHILL, FL 33319 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/D
Name	RHODEN, ANTOINETTE
Address	7351 NW 37TH STREET
City-State-Zip:	LAUDERHILL FL 33319

Title	VP/S
Name	WHYTE-MCNEE, CARLENE
Address	4918 165 AVE
City-State-Zip:	MIRAMAR FL 33027

Title	D
Name	BRAMWELL, DAWN
Address	4475 N STATE RD 7
City-State-Zip:	LAUDERDALE FL 33319

Title	D
Name	BAUGH, KAY
Address	4866 ROTHSCHILD DRIVE
City-State-Zip:	CORAL SPRINGS FL 33067

Title	T/D
Name	OUTLER, AMARITTA
Address	1490 NW 43RD AVE, APT 306
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: ANTOINETTE RHODEN**PRESIDENT/DIRECTOR****03/10/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date