

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

DOCUMENT# N22000011213

**Entity Name:** ELDER CARE SUPPORT

**Current Principal Place of Business:**

6221 SW 80TH LANE  
OCALA, FL 34476

**Current Mailing Address:**

129 PANORAMA DRIVE  
DAHLONY, GA 30533 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

HACKMYER, BT DR.  
6221 SW 80TH LANE  
OCALA, FL 34476 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 HACKMYER, BT  
Address 6221 SW 80TH LANE  
City-State-Zip: Ocala FL 34476

Title VP  
Name KOBLAR, EJ  
Address 750 GAINES SCHOOL ROAD  
City-State-Zip: ATHENS GA 30605

Title SEC  
Name KATHY, SMITH  
Address 9589 SW HIGHWAY 200  
City-State-Zip: Ocala FL 34481

Title TREA  
Name GALLAGHER, ANITA  
Address 2121 NW 52 ST.  
City-State-Zip: Ocala FL 34475

*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:** BT HACKMYER

**PRESIDENT**

**03/02/2024**

Electronic Signature of Signing Officer/Director Detail

Date