

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22000014107

Entity Name: KAIWA CARES, INC

Current Principal Place of Business:

8433 SOUTHSIDE BLVD
108
JACKSONVILLE, FL 32256

Current Mailing Address:

8433 SOUTHSIDE BLVD
108
JACKSONVILLE, FL 32256 US

FEI Number: 46-3651967

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

KAIWA, TAMARA
8433 SOUTHSIDE BLVD
108
JACKSONVILLE, FL 32256 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 PRESIDENT
Name KAIWA, TAMARA
Address 8433 SOUTHSIDE BLVD
 APARTMENT 108
City-State-Zip: JACKSONVILLE FL 32256

Title VP
Name KAIWA, AUGUSTINE
Address 8433 SOUTHSIDE BLVD
 APARTMENT 108
City-State-Zip: JACKSONVILLE FL 32256

Title SECRETARY
Name NOISETTE, TERRISSA JEANAE
Address 4800 SOLARA CIRCLE
 APARTMENT 4067
City-State-Zip: SANFORD FL 32771

Title CHAIRMAN
Name LATTERY, JANA E
Address 12397 SAN JOSE BLVD
 APT 1348
City-State-Zip: JACKSONVILLE FL 32223

Title TREASURER
Name WARD, ROBERT
Address 8451 GATE PKWY W
 APARTMENT 449
City-State-Zip: JACKSONVILLE FL 32216

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: TAMARA KAIWA

PRESIDENT

04/29/2024

Electronic Signature of Signing Officer/Director Detail

Date