

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

DOCUMENT# N23000000597

**Entity Name:** CARE MINDS, INC

**Current Principal Place of Business:**

137 S PEBBLE BEACH BLVD  
SUITE 101  
SUN CITY CENTER, FL 33573

**Current Mailing Address:**

137 S PEBBLE BEACH BLVD  
SUITE 101  
SUN CITY CENTER, FL 33573 UN

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

SHURNS, THALIA  
137 S PEBBLE BEACH BLVD  
SUITE 101  
RUSKIN, FL 33573 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            PRES  
Name            SHURNS, THALIA  
Address        1628 LADORA DRIVE  
City-State-Zip: BRANDON FL 33511

Title            VP  
Name            DUBREUS, PRISCILLE  
Address        4158 SW ENDICOTT STREET  
City-State-Zip: PORT ST. LUCIE FL 34953

Title            SEC  
Name            WOODSIDE, MELVA  
Address        2035 7TH COURT SOUTHWEST  
City-State-Zip: VERO BEACH FL 32962

Title            TREA  
Name            WOODSIDE, PANDORA  
Address        2655 68TH SQ  
City-State-Zip: VERO BEACH FL 32966

*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:** THALIA SHURNS

**MANAGING MEMBER**

**04/30/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date