

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

DOCUMENT# N23000001465

**Entity Name:** THE CARE PANTRY, INC

**Current Principal Place of Business:**

2228 HOLCROFT DRIVE  
JACKSONVILLE, FL 32208

**Current Mailing Address:**

2228 HOLCROFT DRIVE  
JACKSONVILLE, FL 32208 US

**FEI Number: 88-4317103**

**Certificate of Status Desired: Yes**

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

MOORE, SYLVIA E  
2228 HOLCROFT DRIVE  
JACKSONVILLE, FL 32208 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            MOORE, SYLVIA E  
Address        2228 HOLCROFT DRIVE  
City-State-Zip: JACKSONVILLE FL 32208

Title            VP  
Name            WILLIAMS, TRACY M  
Address        137 WEXFORD DRIVE EAST  
City-State-Zip: SUFFOLK VA 23434

Title            TREA  
Name            GRESHAM, DARNEZ J  
Address        3932 SOUTH INDIANA AVENUE  
City-State-Zip: CHICAGO IL 60653

Title            SECY  
Name            WILLIAMS, KELLY L  
Address        137 WEXFORD DRIVE EAST  
City-State-Zip: SUFFOLK VA 23434

*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: SYLVIA E MOORE**

**SYLVIA E MOORE**

**03/06/2024**

Electronic Signature of Signing Officer/Director Detail

Date