

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001000

Entity Name: CHARITY CARS, INC.**Current Principal Place of Business:**407 WEKIVA SPRINGS ROAD
SUITE 201
LONGWOOD, FL 32779**Current Mailing Address:**407 WEKIVA SPRINGS ROAD
SUITE 201
LONGWOOD, FL 32779 US**FEI Number:** 59-3362703**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MENZIES, BRIAN
407 WEKIVA SPRINGS ROAD
SUITE 201
LONGWOOD, FL 32779 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 PCD
Name MENZIES, BRIAN
Address 407 WEKIVA SPRINGS ROAD
SUITE 201
City-State-Zip: LONGWOOD FL 32779

Title D
Name WILLOUGHBY, TOM M
Address 407 WEKIVA SPRINGS ROAD
SUITE 201
City-State-Zip: LONGWOOD FL 32779

Title D
Name DASARO, BARBARA
Address 407 WEKIVA SPRINGS ROAD
SUITE 201
City-State-Zip: LONGWOOD FL 32779

Title DIRECTOR
Name FRANCIS, GEORGENE
Address 407 WEKIVA SPRINGS ROAD
SUITE 201
City-State-Zip: LONGWOOD FL 32779

Title D
Name FARMER, STERLING A
Address 407 WEKIVA SPRINGS ROAD
SUITE 201
City-State-Zip: LONGWOOD FL 32779

Title D
Name DASARO, GEORGE
Address 407 WEKIVA SPRINGS ROAD
SUITE 201
City-State-Zip: LONGWOOD FL 32779

Title D
Name ROE, PHILLIPPE
Address 407 WEKIVA SPRINGS ROAD
SUITE 201
City-State-Zip: LONGWOOD FL 32779

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: BRIAN MENZIES**PRESIDENT****01/15/2018**

Electronic Signature of Signing Officer/Director Detail

Date