

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000103166

Entity Name: CAREGIVERS, INC.**Current Principal Place of Business:**4400 BAYOU BLVD., STE. 9
PENSACOLA, FL 32503**Current Mailing Address:**4400 BAYOU BLVD #9
PENSACOLA, FL 32503**FEI Number:** 59-3418882**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HERNDON, D. TIMOTHY
4502 HIGHWAY 20 EAST
SUITE A
NICEVILLE, FL 32578 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/D/S/T
Name	GAETZ, DONALD J
Address	24 BLUEWATER POINT
City-State-Zip:	NICEVILLE FL 32580

Title	VP, DIRECTOR
Name	GAETZ, VICTORIA
Address	24 BLUEWATER POINT
City-State-Zip:	NICEVILLE FL 32580

Title	D
Name	GAETZ, ERIN V
Address	24 BLUEWATER POINT
City-State-Zip:	NICEVILLE FL 32580

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DONALD J. GAETZ

PRESIDENT

02/21/2022

Electronic Signature of Signing Officer/Director Detail_____
Date