

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90141 049 ****61.25

DOCUMENT # N07000009425

1. Entity Name
JCP CARES, INC.



Principal Place of Business
450-106 STATE ROAD 13 N #165
ST JOHNS, FL 32259

Mailing Address
450-106 STATE ROAD 13 N #165
ST JOHNS, FL 32259

40082576



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

*03222008

Chg-NP

CR2E037 (12/06)

4. FEI Number

26-1163696

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRAVO, KATHERINE A
450-106 STATE ROAD 13 N #165
ST JOHNS, FL 32259

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P
NAME BRAVO, KATHERINE A
STREET ADDRESS 450-106 STATE ROAD 13 N #165
CITY-ST-ZIP ST JOHNS, FL 32259 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V
NAME WAGGONER, LINDSEY
STREET ADDRESS 450-106 STATE ROAD 13 N #165
CITY-ST-ZIP ST JOHNS, FL 32259 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V
NAME TEIXIRA, CLAIRE
STREET ADDRESS 450-106 STATE ROAD 13 N #165
CITY-ST-ZIP ST JOHNS, FL 32259 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME FORCIER, JERALYN
STREET ADDRESS 450-106 STATE ROAD 13 N #165
CITY-ST-ZIP ST JOHNS, FL 32259 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T
NAME OBER, NANCY
STREET ADDRESS 450-106 STATE ROAD 13 N #165
CITY-ST-ZIP ST JOHNS, FL 32259 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nancy Ober NANCY OBER

4-15-08

904 287 6734

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #