2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2011
Secretary of State

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Entity Name: JCP CARES, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 26-1163696 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P
Name: BRAVO, KATHERINE A
Address: 450-106 STATE ROAD 13 N #165
City-St-Zip: ST JOHNS, FL 32259

Title: V
Name: BRUNER, LEE
Address: 450-106 STATE ROAD 13 N #165
City-St-Zip: ST JOHNS, FL 32259

Title: V
Name: TUFANO, KATHY
Address: 450-106 STATE ROAD 13 N #165
City-St-Zip: ST JOHNS, FL 32259

Title: S
Name: URBANEK, LISA
Address: 450-106 STATE ROAD 13 N #165
City-St-Zip: ST JOHNS, FL 32259

Title: T
Name: GAVALETZ, PATRICIA A
Address: 450-106 STATE ROAD 13 N #165
City-St-Zip: ST JOHNS, FL 32259

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: PATRICIA A GAVALETZ T 03/18/2011

Electronic Signature of Signing Officer or Director — Date