

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000007665

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** KOS WE CARE, INC.

**Current Principal Place of Business:**

9180 MERRILL RD  
JACKSONVILLE, FL 32225 US

**New Principal Place of Business:**

**Current Mailing Address:**

9180 MERRILL RD  
JACKSONVILLE, FL 32225 US

**New Mailing Address:**

**FEI Number:** 45-3029501

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PICCA, IRENE  
1454 HOLLY OAKS LAKE RD W  
JACKSONVILLE, FL 32225 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:** COOK, Nanci  
**Address:** 3454 SIMCA DR. W.  
**City-St-Zip:** JACKSONVILLE, FL 32277 US

**Title:** VP  
**Name:** COOK, WILLIAM H SR.  
**Address:** 3454 SIMCA DR. W.  
**City-St-Zip:** JACKSONVILLE, FL 32277 US

**Title:** SECR  
**Name:** ANTONINO, MARCIA  
**Address:** 32923 STONEHURST RD. E.  
**City-St-Zip:** JACKSONVILLE, FL 32277 US

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:** Nanci L Cook

PRES

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date