

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000010275

FILED  
Jul 28, 2012  
Secretary of State

Entity Name: CARE 4 ALL INC.

**Current Principal Place of Business:**

681 NE 42ND STREET, UNIT 302  
POMPANO BEACH, FL 33064

**New Principal Place of Business:**

**Current Mailing Address:**

681 NE 42ND STREET, UNIT 302  
POMPANO BEACH, FL 33064

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

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

SIMMONS, DANIEL L  
4310 NE 6TH AVENUE  
POMPANO BEACH, FL 33064 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: DCEO  
Name: SIMMONS, DANIEL L  
Address: 4310 NE 6TH AVENUE  
City-St-Zip: POMPANO BEACH, FL 33064

Title: P  
Name: SIMMONS, PICCOLA HARRIS  
Address: 4310 NE 6TH AVENUE  
City-St-Zip: POMPANO BEACH, FL 33064

Title: VP  
Name: WILLIS, VERNELL  
Address: 730 NW 17TH COURT  
City-St-Zip: POMPANO BEACH, FL 33060

Title: D  
Name: MOHORN, LASHAWN L  
Address: 2755 WEST ATLANTIC BLVD #105  
City-St-Zip: POMPANO BEACH, FL 33069

Title: D  
Name: GADSON, TEQUESTA  
Address: 955 SW 15TH STREET  
City-St-Zip: DEERFIELD BEACH, FL 33441

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: DANIEL IMMONS

DCEO

07/28/2012

Electronic Signature of Signing Officer or Director

Date