

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90003 020 \*\*\*\*61.25

**DOCUMENT # N98000000032**

1. Entity Name  
**JL CARES, INC.**



Principal Place of Business  
**16823 CAPTAIN KIRLE DRIVE  
JUPITER, FL 33477**

Mailing Address  
**16823 CAPTAIN KIRLE DRIVE  
JUPITER, FL 33477**

4001000



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

04182007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**65-0808362**

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

**WALSH JR., CHARLES E TREASUR  
16823 CAPTAIN KIRLE DRIVE  
JUPITER, FL 33477**

Name **Pray, Don Treasurer**

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

**16823 Captain Kirle Drive**

City **Jupiter**

**FL**

Zip Code **33477**

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, 2007**

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 **TR** ☒ Delete  
NAME **WALSH JR., CHARLES E**  
STREET ADDRESS **16655 HIDDEN COVE DRIVE**  
CITY-ST-ZIP **JUPITER, FL 33477**

TITLE **TR** ☐ Change ☒ Addition  
NAME **PRAY, DON**  
STREET ADDRESS **257 Barbados Drive**  
CITY-ST-ZIP **Jupiter, FL 33458**

TITLE **CT** ☒ Delete  
NAME **SALKA, KENNETH**  
STREET ADDRESS **166602 HIDDEN COVE DRIVE**  
CITY-ST-ZIP **JUPITER, FL 33477**

TITLE **CT** ☐ Change ☒ Addition  
NAME **O'Day, Arthur**  
STREET ADDRESS **17072 Traverse Circle**  
CITY-ST-ZIP **Jupiter, FL 33477**

TITLE **ST** ☐ Delete  
NAME **DEMARCO, ELLEN**  
STREET ADDRESS **15845 WINDRIFT DRIVE**  
CITY-ST-ZIP **JUPITER, FL 33477**

TITLE **VT** ☐ Change ☒ Addition  
NAME **Whalen, Florence**  
STREET ADDRESS **3791 Shearwater Drive**  
CITY-ST-ZIP **Jupiter, FL 33477**

TITLE **VT** ☒ Delete  
NAME **PRAY, DON**  
STREET ADDRESS **257 BARBADOS DRIVE**  
CITY-ST-ZIP **JUPITER, FL 33458**

TITLE **T** ☐ Change ☒ Addition  
NAME **O'Donnell, Maura**  
STREET ADDRESS **16618 Hidden Cove Drive**  
CITY-ST-ZIP **Jupiter, FL 33477**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☐ Change ☒ Addition  
NAME **Ritenaude, Monique**  
STREET ADDRESS **15585 Westerly Terrace**  
CITY-ST-ZIP **Jupiter, FL 33477**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Don PRAY**

**4/18/07 561-624-5617**