

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710756

Entity Name: NEIGHBORLY CARE NETWORK, INC.**Current Principal Place of Business:**13945 EVERGREEN AVE.
CLEARWATER, FL 33762**Current Mailing Address:**13945 EVERGREEN AVE.
CLEARWATER, FL 33762**FEI Number:** 59-1218100**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LOMAKA, DAVID J
13945 EVERGREEN AVE.
CLEARWATER, FL 33762 US*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:** DAVID J. LOMAKA

01/17/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title COO
Name ALLEN, SATHAPASA NORINDR
Address 13945 EVERGREEN AVE.
City-State-Zip: CLEARWATER FL 33762

Title DIRECTOR
Name BETHELL, EVELYN
Address 13945 EVERGREEN AVE.
City-State-Zip: CLEARWATER FL 33762

Title CHAIRMAN
Name BRICKFIELD, NEIL
Address 13945 EVERGREEN AVE.
City-State-Zip: CLEARWATER FL 33762

Title CEO
Name LOMAKA, DAVID J
Address 13945 EVERGREEN AVE.
City-State-Zip: CLEARWATER FL 33762

Title VC
Name GRIFFIN, KAREN
Address 13945 EVERGREEN AVE.
City-State-Zip: CLEARWATER FL 33762

Title DIRECTOR
Name NGUYEN, CHAU
Address 13945 EVERGREEN AVE.
City-State-Zip: CLEARWATER FL 33762

Title DIRECTOR
Name HAMILTON, MARK
Address 13945 EVERGREEN AVE.
City-State-Zip: CLEARWATER FL 33762

Title DIRECTOR
Name BAILIE, JEREMY
Address 13945 EVERGREEN AVE.
City-State-Zip: CLEARWATER FL 33762

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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: DAVID J. LOMAKA**EXECUTIVE DIRECTOR**

01/17/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BECK, ERIC
Address 13945 EVERGREEN AVE.
City-State-Zip: CLEARWATER FL 33762

Title DIRECTOR
Name AUDINO, MICHAEL
Address 13945 EVERGREEN AVE.
City-State-Zip: CLEARWATER FL 33762

Title SECRETARY, TREASURER
Name FAULKNER, GERSHOM
Address 13945 EVERGREEN AVE.
City-State-Zip: CLEARWATER FL 33762

Title DIRECTOR
Name CATANESE, CHARLES
Address 13945 EVERGREEN AVE.
City-State-Zip: CLEARWATER FL 33762

Title DIRECTOR
Name LOVE, SHEILA DR.
Address 13945 EVERGREEN AVE.
City-State-Zip: CLEARWATER FL 33762

Title DIRECTOR
Name JACKSON, KIMBERLY
Address 13945 EVERGREEN AVE.
City-State-Zip: CLEARWATER FL 33762