2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710756

Entity Name: NEIGHBORLY CARE NETWORK, INC.

FILED
Jan 23, 2025
Secretary of State
1550983633CC

Certificate of Status Desired: Yes

Current Principal Place of Business:

5225 TECH DATA DRIVE SUITE 102

CLEARWATER, FL 33760

Current Mailing Address:

5225 TECH DATA DRIVE SUITE 102 CLEARWATER, FL 33760 US

FEI Number: 59-1218100

Name and Address of Current Registered Agent:

LOMAKA, DAVID J 5225 TECH DATA DRIVE SUITE 102 CLEARWATER, FL 33760 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 01/23/2025

Electronic Signature of Registered Agent Date

Title

CHAIRMAN

Officer/Director Detail:

Title

CEO

1100	323	1140	
Name	LOMAKA, DAVID J	Name	BAILIE, JEREMY
Address	5225 TECH DATA DRIVE SUITE 102	Address	5225 TECH DATA DRIVE SUITE 102
City-State-Zip:	CLEARWATER FL 33760	City-State-Zip:	CLEARWATER FL 33760
Title	DIRECTOR, TREASURER	Title	DIRECTOR
Name	BARGE, JIM	Name	BAILIE, JONATHAN
Address	5225 TECH DATA DRIVE SUITE 102	Address	5225 TECH DATA DRIVE SUITE 102

City-State-Zip: CLEARWATER FL 33760 City-State-Zip: CLEARWATER FL 33760

 Title
 VICE-CHAIR
 Title
 SECRETARY

 Name
 MIRENDA, BROOKE
 Name
 NASSO, JULIUS

 Address
 5225 TECH DATA DRIVE
 Address
 5225 TECH DATA

Address 5225 TECH DATA DRIVE Address 5225 TECH DATA DRIVE SUITE 102 SUITE 102

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City-State-Zip: CLEARWATER FL 33760 City-State-Zip: CLEARWATER FL 33760

 Title
 DIRECTOR
 Title
 FINANCE DIRECTOR

 Name
 BRICKFIELD, KELLEY
 Name
 WHITE, JENNIFER A

 Address
 5225 TECH DATA DRIVE
 Address
 5225 TECH DATA DRIVE

SUITE 102 SUITE 102

City-State-Zip: CLEARWATER FL 33760 City-State-Zip: CLEARWATER FL 33760

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 LOMAKA EXECUTIVE DIRECTOR 01/23/2025