2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2021
Secretary of State
0428417789CC

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 02/01/2021

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	CEO
Name	LOMAKA, DAVID J
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

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

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

Continues on page 2

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/CEO 02/01/2021

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

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

Title	DIRECTOR
Name	MIRENDA, BROOKE
Address	13945 EVERGREEN AVE
City-State-Zip:	CLEARWATER FL 33762

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