2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2016
Secretary of State
CC4054240132

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:

DEBRA, SHADE
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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PCEO
Name	SHADE, DEBRA
Address	13945 EVERGREEN AVE.
City-State-Zip:	CLEARWATER FL 33762

Title	PCD
Name	WISE, SANDRA
Address	13945 EVERGREEN AVE.
City-State-Zip:	CLEARWATER FL 33762

Title	VCD
Name	STEPANOVSKY, THOMAS
Address	13945 EVERGREEN AVE.
City-State-Zip:	CLEARWATER FL 33762

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

Title	TD
Name	WATTS, BERTHA
Address	13945 EVERGREEN AVE.
City-State-Zip:	CLEARWATER FL 33762

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

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: DEBRA SHADE PRESIDENT/CEO 01/29/2016

Electronic Signature of Signing Officer/Director Detail — Date