

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724973

Entity Name: ELDER CARE SERVICES, INC.**Current Principal Place of Business:**2518 W TENNESSEE ST.
TALLAHASSEE, FL 32304**Current Mailing Address:**2518 W TENNESSEE ST.
TALLAHASSEE, FL 32304 US**FEI Number:** 59-1426079**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**FLIGER, JOCELYNE
2518 WEST TENNESSEE STREET
TALLAHASSEE, FL 32304 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:** JOCELYNE FLIGER

03/20/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT/CEO
Name	FLIGER, JOCELYNE
Address	2518 W TENNESSEE ST.
City-State-Zip:	TALLAHASSEE FL 32304

Title	VP
Name	HENDERSON, MICHAEL
Address	2518 W TENNESSEE ST.
City-State-Zip:	TALLAHASSEE FL 32304

Title	CFO
Name	BROOKINS, RAMONA
Address	2518 W TENNESSEE ST.
City-State-Zip:	TALLAHASSEE FL 32304

Title	BOARD CHAIR
Name	SPELLMAN, HELLA
Address	2518 W TENNESSEE ST.
City-State-Zip:	TALLAHASSEE FL 32304

Title	BOARD VICE CHAIR
Name	AKANBI, MONIQUE
Address	2518 W TENNESSEE ST.
City-State-Zip:	TALLAHASSEE FL 32304

Title	BOARD SECRETARY
Name	SCHWARTZ, STEPHANIE
Address	2518 W TENNESSEE ST.
City-State-Zip:	TALLAHASSEE FL 32304

Title	BOARD TREASURER
Name	WINTON, CHATTIE
Address	2518 W TENNESSEE ST.
City-State-Zip:	TALLAHASSEE FL 32304

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: JOCELYNE FLIGER

PRESIDENT & CEO

03/20/2025

Electronic Signature of Signing Officer/Director Detail

Date