

2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 737797

Entity Name: CIRCLES OF CARE, INC.

Current Principal Place of Business:

400 EAST SHERIDAN ROAD
MELBOURNE, FL 32901

Current Mailing Address:

400 EAST SHERIDAN ROAD
MELBOURNE, FL 32901

FEI Number: 59-1101553

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LORD, STEPHEN L
400 EAST SHERIDAN ROAD
MELBOURNE, FL 32901 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: STEPHEN L. LORD

11/06/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name LORD, STEPHEN L
Address 400 E.SHERIDAN ROAD
City-State-Zip: MELBOURNE FL 32901

Title DIRECTOR
Name LIGHTLE, BRIAN L
Address 400 EAST SHERIDAN ROAD
City-State-Zip: MELBOURNE FL 32901

Title DIRECTOR
Name SALONEN, ROBERT E
Address 400 EAST SHERIDAN ROAD
City-State-Zip: MELBOURNE FL 32901

Title TREASURER
Name LIN, HENRY
Address 400 EAST SHERIDAN ROAD
City-State-Zip: MELBOURNE FL 32901

Title PURCHASING OFFICER
Name WATERS, JR., RICHARD
Address 400 EAST SHERIDAN ROAD
City-State-Zip: MELBOURNE FL 32901

Title SECRETARY
Name DIX, TONYA
Address 400 EAST SHERIDAN ROAD
City-State-Zip: MELBOURNE FL 32901

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: STEPHEN LORD

PRESIDENT

11/06/2024

Electronic Signature of Signing Officer/Director Detail

Date