

**2025 FLORIDA NOT FOR PROFIT CORPORATION 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:** Yes

**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

01/03/2025

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 L. LORD

**REGISTERED AGENT**

01/03/2025

Electronic Signature of Signing Officer/Director Detail

Date