2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766669

Entity Name: FIRST CARE FAMILY RESOURCES, INC.

Current Principal Place of Business:

2200 NORTH FLORIDA MANGO ROAD

SUITE 102

WEST PALM BEACH, FL 33409

Current Mailing Address:

2200 NORTH FLORIDA MANGO ROAD

SUITE 102

WEST PALM BEACH, FL 33409 US

FEI Number: 59-2248369 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

STUART, SHARLEEN N 2200 NORTH FLORIDA MANGO ROAD SUITE 102

WEST PALM BEACH, FL 33409 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: SHARLEEN N STUART 01/17/2018

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title CHAIRMAN Title TREASURER
Name BARHAM, MONA Name WILEY, ROY

Address 135 VIA MARIPOSA Address 224 OCEAN DUNES CIRCLE

City-State-Zip: PALM BEACH GARDENS FL 33418 City-State-Zip: JUPITER FL 33477

Title SECRETARY Title DIRECTOR

NameTHORNTON, DONANameBOSWELL, HOLLYAddress7076 BOBALINK COURTAddress3281 MONET DR W

City-State-Zip: LAKE WORTH FL 33467 City-State-Zip: PALM BEACH GARDENS FL 33418

Title DIRECTOR Title DIRECTOR

Name BARHAM, BART Name KAISER, DAVID

Address 135 VIA MARIPOSA Address 2375 COUNTRY GOLF DR

City-State-Zip: PALM BEACH GARDENS FL 33418 City-State-Zip: WELLINGTON FL 33414

Title DIRECTOR Title DIRECTOR

NameNELSON, AIMEENameOLMSTEAD, LOWELLAddress133 HERON PARKWAYAddress16303 103 TERRACE N

City-State-Zip: ROYAL PALM BEACH FL 33411 City-State-Zip: JUPITER FL 33478

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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: MONA BARHAM CHAIRMAN 01/17/2018

FILED Jan 17, 2018

Secretary of State

CC6301472585

Officer/Director Detail Continued:

Title DIRECTOR Title CEO

Name SIMPSON, ROBERT Name HEYMAN, BEAU

Address 17194 GULF PINE CIR Address 14223 BLACKBERRY DR
City-State-Zip: WELLINGTON FL 33414 City-State-Zip: WELLINGTON FL 33414

Title DIRECTOR Title DIRECTOR

NameLONDEREE, DONALDNameWIDBOOM, DANIELAddress990 NW 10TH STAddress4751 CADIZ CIRCLE

City-State-Zip: BOCA RATON FL 22486 City-State-Zip: PALM BEACH GARDENS FL 33418