

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 766669

**FILED**  
**Jan 30, 2017**  
**Secretary of State**  
**CC9301330422**

**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

01/30/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name BARHAM, MONA  
Address 135 VIA MARIPOSA  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title TREASURER  
Name WILEY, ROY  
Address 224 OCEAN DUNES CIRCLE  
City-State-Zip: JUPITER FL 33477

Title SECRETARY  
Name THORNTON, DONA  
Address 7076 BOBALINK COURT  
City-State-Zip: LAKE WORTH FL 33467

Title DIRECTOR  
Name BOSWELL, HOLLY  
Address 3281 MONET DR W  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title DIRECTOR  
Name BARHAM, BART  
Address 135 VIA MARIPOSA  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title DIRECTOR  
Name KAISER, DAVID  
Address 2375 COUNTRY GOLF DR  
City-State-Zip: WELLINGTON FL 33414

Title DIRECTOR  
Name NELSON, AIMEE  
Address 133 HERON PARKWAY  
City-State-Zip: ROYAL PALM BEACH FL 33411

Title DIRECTOR  
Name OLMSTEAD, LOWELL  
Address 16303 103 TERRACE N  
City-State-Zip: JUPITER FL 33478

**Continues on page 2**

*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

01/30/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name WILLIAMS, SHERIDA DR.  
Address 9508 PHIPPS LANE  
City-State-Zip: WELLINGTON FL 33414

Title DIRECTOR  
Name SIMPSON, ROBERT  
Address 17194 GULF PINE CIR  
City-State-Zip: WELLINGTON FL 33414

Title DIRECTOR  
Name LONDEREE, DONALD  
Address 990 NW 10TH ST  
City-State-Zip: BOCA RATON FL 22486

Title DIRECTOR  
Name MORRIS, DELESA  
Address PO BOX 1033  
City-State-Zip: WEST PALM BEACH FL 33402

Title CEO  
Name HEYMAN, BEAU  
Address 14223 BLACKBERRY DR  
City-State-Zip: WELLINGTON FL 33414