2024 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:

PO BOX 15198

WEST PALM BEACH, FL 33416 US

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

Name and Address of Current Registered Agent:

STUART, SHARLEEN 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 STUART 01/08/2024

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

CFO Title **TREASURER** Title

HEYMAN, BEAU TEMPLETON, JOHN Name Name 14223 BLACKBERRY DR 636 FOREST BEND BLVD. Address Address

WELLINGTON FL 33414 City-State-Zip: WEST PALM BEACH FL 33411 City-State-Zip:

Title DIRECTOR Title DIRECTOR

Name CHIURATO, MARC Name PREUSZ, LAUREN 19059 SE KOKOMO LN 8167 150TH CT. N. Address Address

City-State-Zip: JUPITER FL 33458-1086 City-State-Zip: WEST PALM BEACH FL 33418

Title **CHAIRMAN** Title **SECRETARY**

MANCIL. JARED Name Name GETTY, STEPHANIE

Address 558 CYPRESS STRAND CTR 636 CASTILLA LANE Address

City-State-Zip: WELLINGTON FL 33414 **BOYNTON BEACH FL 33435** City-State-Zip:

Title DIRECTOR Title DIRECTOR

Name SEVERSON, ERIC CASEY, KELLY Name

Address 512 OLD COUNTRY RD 6008 CURIE PLACE Address

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

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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.

01/08/2024 SIGNATURE: BEAU HEYMAN **EXECUTIVE DIRECTOR**

Electronic Signature of Signing Officer/Director Detail

Date

FILED Jan 08, 2024

Secretary of State

7890242351CC

Officer/Director Detail Continued:

Title DIRECTOR

Name FIGUEIRA, PAIGE

Address 15700 78TH DRIVE NORTH
City-State-Zip: WEST PALM BEACH FL 33418