

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766669

FILED
Mar 28, 2016
Secretary of State
CC6041462493

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

03/28/2016

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 MORGAN, RYAN
Address 8890 SE NORTH PASSAGE WAY
City-State-Zip: JUPITER FL 33469

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

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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: SHARON M BREWER

CEO

03/28/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

Title CEO
Name BREWER, SHARON M
Address 13026 LA MIRADA CIR
City-State-Zip: WELLINGTON FL 33414

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