

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 766669

**FILED**  
**Jan 11, 2021**  
**Secretary of State**  
**9685166296CC**

**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:**

PACE, BRITTANY L  
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:** BRITTANY PACE

01/11/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN  
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

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

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

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

Title TREASURER  
Name TEMPLETON, JOHN  
Address 636 FOREST BEND BLVD.  
City-State-Zip: WEST PALM BEACH FL 33411

Title DIRECTOR  
Name HERROD, AMY  
Address 11770 STONEHAVEN WAY  
City-State-Zip: PALM BEACH GARDENS FL 33412

Title DIRECTOR  
Name KIRCHMAN, KACY  
Address 321 RIVERSIDE DRIVE  
City-State-Zip: PALM BEACH GARDENS FL 33410

**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:** BEAU HEYMAN

EXECUTIVE DIRECTOR

01/11/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR

Name            PREUSZ, LAUREN

Address        8167 150TH CT. N.

City-State-Zip: WEST PALM BEACH FL 33418