

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007204

Entity Name: VITAL CARE CHARITABLE FOUNDATION, INC.**Current Principal Place of Business:**4500 12TH STREET EXTENSION
WEST COLUMBIA, SC 29172**Current Mailing Address:**4500 12TH STREET EXTENSION
WEST COLUMBIA, SC 29172 US**FEI Number:** 59-3756797**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title PRESIDENT, DIRECTOR
Name KENNEDY, WILLIAM P
Address 4500 12TH STREET EXTENSION
City-State-Zip: WEST COLUMBIA SC 29172

Title SECRETARY, DIRECTOR
Name KENNEDY WHITNER, ASHLEY
Address 4500 12TH STREET EXTENSION
City-State-Zip: WEST COLUMBIA SC 29172

Title TREASURER, DIRECTOR
Name KENNEDY MCGOWAN, COURTNEY
Address 4500 12TH STREET EXTENSION
City-State-Zip: WEST COLUMBIA SC 29172

Title VP, DIRECTOR
Name KENNEDY, LOU WOOD
Address 4500 12TH STREET EXTENSION
City-State-Zip: WEST COLUMBIA SC 29172

Title DIRECTOR
Name GARNER-BAILEY, ALEXANDRA
Address 4500 12TH STREET EXTENSION
City-State-Zip: WEST COLUMBIA SC 29172

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: WILLIAM P. KENNEDY

PRESIDENT

01/28/2023

Electronic Signature of Signing Officer/Director Detail_____
Date