

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004139

Entity Name: NORTH RIVER CARE, INC.

Current Principal Place of Business:

1020 10TH AVE W
STE. 100
PALMETTO, FL 34221

FILED
Jan 24, 2022
Secretary of State
5222779844CC

Current Mailing Address:

1020 10TH AVE W
STE 100
PALMETTO, FL 34221 US

FEI Number: 01-0713126

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GAY, LINDA
1020 10TH AVE W
STE. 100
PALMETTO, FL 34221 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: LINDA GAY

01/24/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name DODSON, DELFINA
Address 1020 10TH AVE W
STE. 100
City-State-Zip: PALMETTO FL 34221

Title DIRECTOR
Name GILES, TERI
Address 1020 10TH AVE W
STE. 100
City-State-Zip: PALMETTO FL 34221

Title VC
Name GROOVER, RICK
Address 1020 10TH AVE W
STE. 100
City-State-Zip: PALMETTO FL 34221

Title CHAIRMAN
Name FLETCHER, JOHN BUB
Address 1020 10TH AVE W
STE. 100
City-State-Zip: PALMETTO FL 34221

Title DIRECTOR
Name DURDEN, TIM
Address 1020 10TH AVE W
STE. 100
City-State-Zip: PALMETTO FL 34221

Title TREASURER
Name GAY, LINDA
Address 1020 10TH AVE W
STE. 100
City-State-Zip: PALMETTO FL 34221

Title DIRECTOR
Name DIAZ-DURRANCE, REBEKAH
Address 1020 10TH AVE W
STE. 100
City-State-Zip: PALMETTO FL 34221

Title DIRECTOR
Name HOFFMEISTER, CHARLENE
Address 1020 10TH AVE W
STE. 100
City-State-Zip: PALMETTO FL 34221

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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: TERI J GILES

EXECUTIVE DIRECTOR

01/24/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CAMPOS, BRITTNEE
Address 1020 10TH AVE W
 STE. 100
City-State-Zip: PALMETTO FL 34221