

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009351

Entity Name: FIRST PREFERRED CARE, INCORPORATED

Current Principal Place of Business:

6256 BARRY DRIVE WEST
JACKSONVILLE, FL 32208

Current Mailing Address:

6256 BARRY DRIVE WEST
JACKSONVILLE, FL 32208

FEI Number: 42-1575390

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JONES BROWN, ANNETT
6256 BARRY DRIVE WEST
JACKSONVILLE, FL 32208 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, CEO
Name BROWN, ANNETT JONES
Address 6256 BARRY DRIVE W.
City-State-Zip: JACKSONVILLE FL 32208

Title VP (DECEASED)
Name BROWN, HORATIO H
Address 6256 BARRY DRIVE W.
City-State-Zip: JACKSONVILLE FL 32208

Title TREASURER
Name HORNE, NATASHA
Address 6256 BARRY DR W
City-State-Zip: JACKSONVILLE FL 32208

Title CHAIRMAN
Name WOODARD, DAVID
Address 6256 BARRY DR W
City-State-Zip: JACKSONVILLE FL 32208

Title SECRETARY, ADM. ASST.
Name EVANS, ANTAWANNA
Address 6256 BARRY DR W
City-State-Zip: JACKSONVILLE FL 32208

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: NATASHA HORNE

TREASURER

02/17/2017

Electronic Signature of Signing Officer/Director Detail

Date