

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009351

Entity Name: FIRST PREFERRED CARE, INCORPORATED

Current Principal Place of Business:

3832 BAYMEADOWS ROAD
214
JACKSONVILLE, FL 32217

Current Mailing Address:

3832 BAYMEADOWS ROAD
214
JACKSONVILLE, FL 32217 US

FEI Number: 42-1575390

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JONES BROWN, ANNETT
3832 BAYMEADOWS ROAD
214
JACKSONVILLE, FL 32217 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 3832 BAYMEADOWS ROAD
 214
City-State-Zip: JACKSONVILLE FL 32217

Title VP (DECEASED)
Name BROWN, HORATIO H
Address 3832 BAYMEADOWS ROAD
 214
City-State-Zip: JACKSONVILLE FL 32217

Title TREASURER
Name HORNE, NATASHA
Address 3832 BAYMEADOWS ROAD
 214
City-State-Zip: JACKSONVILLE FL 32217

Title CHAIRMAN
Name WOODARD, DAVID
Address 3832 BAYMEADOWS ROAD
 214
City-State-Zip: JACKSONVILLE FL 32217

Title SECRETARY, ADM. ASST.
Name EVANS, ANTAWANNA
Address 3832 BAYMEADOWS ROAD
 214
City-State-Zip: JACKSONVILLE FL 32217

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

03/12/2019

Electronic Signature of Signing Officer/Director Detail

Date