

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011184

Entity Name: CARE CONNECTIONS, INC.**Current Principal Place of Business:**8928 BRITTANY WAY
TAMPA, FL 33619**Current Mailing Address:**8928 BRITTANY WAY
TAMPA, FL 33619 US**FEI Number:** 20-2810644**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BAKAS, JOHN WJR
10150 HIGHLAND MANOR DR
#200
TAMPA, FL 33610 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	CEO
Name	MCHENRY, CHARLOTTE
Address	8928 BRITTANY WAY
City-State-Zip:	TAMPA FL 33619

Title	CHAIRMAN
Name	BORSHEIM, KIMBERLY
Address	4826 14TH AVE EAST
City-State-Zip:	BRADENTON FL 34208

Title	VC
Name	MILLER, JAHLINDA
Address	1253 WEST MEMORIAL BLVD
City-State-Zip:	LAKELAND FL 33815

Title	TREASURER
Name	GUBBINS, TERRY
Address	14426 SUNDIAL PLACE
City-State-Zip:	BRADENTON FL 34202

Title	SECRETARY
Name	BRUNNER, MARILYN
Address	171 MAGELLAN CT
City-State-Zip:	DAVENPORT FL 33837

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: CHARLOTTE MCHENRY

PRESIDENT AND CEO

02/06/2024

Electronic Signature of Signing Officer/Director Detail_____
Date