

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000004403

**Entity Name:** JEANS COMFORT CARE, INC.

**Current Principal Place of Business:**

2710 NE 59TH STREET  
GAINESVILLE, FL 32609

**Current Mailing Address:**

2710. NE 59TH STREET  
GAINESVILLE , FL 32609 US

**FEI Number: 16-1722051**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

JONES, GLORIA J  
2710 NE 59TH STREERT  
GAINESVILLE, FL 32609 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 PC  
Name JONES, GLORIA J  
Address 2710 NE 59TH STREET  
City-State-Zip: GAINESVILLE FL 32609

Title VC  
Name JONES, ORAIN V  
Address 2710 NE 59TH STREET  
City-State-Zip: GAINESVILLE FL 32609

Title DIRECTOR  
Name GRAHAM, ADRIANNE JULIA  
Address 6764 GAILLARDIA RD SOUTH  
City-State-Zip: JACKSONVILLE FL 32211

Title SECRETARY  
Name JOHNSON, SUZETTE P  
Address 4000 SW 18TH STREET #3C  
City-State-Zip: MIAMI FL 33023

Title OFFICER  
Name MCINTYRE III, JEROME  
Address 14232 NE 150TH AVE,  
City-State-Zip: WALDO FL 32694

*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: GLORIA JONES**

**REGISTERED AGENT**

**03/06/2025**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date