

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004403

Entity Name: JEANS COMFORT CARE, INC.**Current Principal Place of Business:**2710 NE 59TH STREER
GAINESVILLE, FL 32609**Current Mailing Address:**102 WESTCHESTER LANE
HINESVILLE, GA 31313 US**FEI Number:** 16-1722051**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JONES, GLORIA J
2710 NE 59TH STREER
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	102 WESTCHESTER LANE
City-State-Zip:	HINESVILLE GA 31313

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

Title	VC
Name	JONES, ORAIN V
Address	102 WESTCHESTER LANE
City-State-Zip:	HINESVILLE GA 31313

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

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**PRESIDENT****01/23/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date