

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001149

Entity Name: PROJECT CARE INTERNATIONAL FOUNDATION, INC.**Current Principal Place of Business:**1200 COUNTRY CLUB DRIVE, UNIT 2404
LARGO, FL 33771**Current Mailing Address:**1200 COUNTRY CLUB DRIVE, UNIT 2404
LARGO, FL 33771**FEI Number:** 47-0805951**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**OKEREKE, LEWE
1200 COUNTRY CLUB DRIVE, UNIT 2404
LARGO, FL 33771 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	D
Name	UKEKWE, IKEVUDE
Address	1200 COUNTRY CLUB DRIVE, UNIT 2404
City-State-Zip:	LARGO FL 33771

Title	D
Name	OKEREKE, LINDA IJEOMA DR.
Address	1200 COUNTRY CLUB DRIVE, UNIT 2404
City-State-Zip:	LARGO FL 33771

Title	D, AMY NKEMKA OKEREKE
Name	OKEREKE, AMY NKEMKA ESQ.
Address	1200 COUNTRY CLUB DRIVE, UNIT 2404
City-State-Zip:	LARGO FL 33771

Title	OFFICER
Name	OKEREKE, LEWE DR.
Address	1200 COUNTRY CLUB DRIVE, UNIT 2404
City-State-Zip:	LARGO FL 33771

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: OKEREKE, LEWE**OFFICER****04/19/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date