2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2014
Secretary of State
CC7287683841

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Entity Name: JCP CARES, INC.

Current Principal Place of Business:

450-106 STATE ROAD 13 N #165
ST JOHNS, FL 32259

Current Mailing Address:

450-106 STATE ROAD 13 N #165
ST JOHNS, FL 32259

FEI Number: 26-1163696

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRAVO, KATHERINE A
450-106 STATE ROAD 13 N #165
ST JOHNS, FL 32259 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	P
Name	BRAVO, KATHERINE A
Address	450-106 STATE ROAD 13 N #165
City-State-Zip:	ST JOHNS FL 32259

Title	VP
Name	BALKE, MEG
Address	450-106 STATE ROAD 13 N #165
City-State-Zip:	ST JOHNS FL 32259

Title	VP
Name	TUFANO, KATHY
Address	450-106 STATE ROAD 13 N #165
City-State-Zip:	ST JOHNS FL 32259

Title	S
Name	GOMOLKA, LINDA
Address	450-106 STATE ROAD 13 N #165
City-State-Zip:	ST JOHNS FL 32259

Title	T
Name	GAVALETZ, PATRICIA A
Address	450-106 STATE ROAD 13 N #165
City-State-Zip:	ST JOHNS FL 32259

Title	ASST T
Name	NEUDIGATE, CHARLOTTE
Address	450-106 STATE ROAD 13 N #165
City-State-Zip:	ST JOHNS FL 32259

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: PATRICIA A GAVALETZ TREASURER 02/24/2014

Electronic Signature of Signing Officer/Director Detail — Date