2025 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Feb 10, 2025
Secretary of State
9744099251CC

DOCUMENT# N07000011638

Entity Name: HOME CARE BY GULF COAST VILLAGE, INC.

Current Principal Place of Business:

1435 SANTA BARBARA BLVD
STE 1
CAPE CORAL, FL 33991

Current Mailing Address:

1660 DUKE STREET
ALEXANDRIA, VA 22314 US

FEI Number: 26-1774290

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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	PRESIDENT
Name	KING, MICHAEL
Address	1660 DUKE ST
City-State-Zip:	ALEXANDRIA VA 22314

Title	DIRECTOR
Name	PERKINS, DERRICK
Address	1660 DUKE ST
City-State-Zip:	ALEXANDRIA VA 22314

Title	DIRECTOR
Name	PETERSEN, JEANNE
Address	1660 DUKE STREET
City-State-Zip:	ALEXANDRIA VA 22314

Title	CHAIRMAN
Name	ANDREINI ARNOLD, PATTI
Address	1660 DUKE STREET
City-State-Zip:	ALEXANDRIA VA 22314

Title	CHAIRPERSON
Name	RASE, NANCY
Address	1660 DUKE ST
City-State-Zip:	ALEXANDRIA VA 22314

Title	DIRECTOR
Name	MULLEN, BETH
Address	1660 DUKE STREET
City-State-Zip:	ALEXANDRIA VA 22314

Title	DIRECTOR
Name	KNAPP, KEITH
Address	1660 DUKE STREET
City-State-Zip:	ALEXANDRIA VA 22314

Title	DIRECTOR
Name	BLOOM, SHAWN
Address	1660 DUKE STREET
City-State-Zip:	ALEXANDRIA VA 22314

Continues on page 2

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: NANCY GAVIN — ASS'T SECRETARY/ASS'T TREASURER — 02/10/2025

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	VIGEE, VORIS
Address	1660 DUKE STREET
City-State-Zip:	ALEXANDRIA VA 22314

Title	DIRECTOR
Name	HACKETT, KAREN
Address	1660 DUKE STREET
City-State-Zip:	ALEXANDRIA VA 22314

Title	DIRECTOR
Name	JACKSON, CARMEN
Address	1660 DUKE STREET
City-State-Zip:	ALEXANDRIA VA 22314

Title	DIRECTOR
Name	TEJADA, J. WALTER
Address	1660 DUKE STREET
City-State-Zip:	ALEXANDRIA VA 22314

Title	OFFICER, ASSISTANT SECRETARY/ASSISTANT TREASURER
Name	BUDZYNSKI, JOSEPH
Address	1660 DUKE STREET
City-State-Zip:	ALEXANDRIA VA 22314

Title	OFFICER, ASSISTANT SECRETARY/ASSISTANT TREASURER
Name	NUTZ, FAITH
Address	1660 DUKE STREET
City-State-Zip:	ALEXANDRIA VA 22314

Title	DIRECTOR
Name	ERICKSON, KAREN
Address	1660 DUKE STREET
City-State-Zip:	ALEXANDRIA VA 22314

Title	DIRECTOR
Name	SHERIDAN, PATRICK
Address	1660 DUKE STREET
City-State-Zip:	ALEXANDRIA VA 22314

Title	DIRECTOR
Name	STRINGFELLOW, JANET
Address	1660 DUKE STREET
City-State-Zip:	ALEXANDRIA VA 22314

Title	OFFICER, ASSISTANT SECRETARY/ASSISTANT TREASURER
Name	SOCZYNSKI, PAUL
Address	1660 DUKE STREET
City-State-Zip:	ALEXANDRIA VA 22314

Title	OFFICER, ASSISTANT SECRETARY/ASSISTANT TREASURER
Name	GAVIN, NANCY
Address	1660 DUKE STREET
City-State-Zip:	ALEXANDRIA VA 22314