## 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002552

Entity Name: I CARE ABOUT ME, INC.

**Current Principal Place of Business:** 

405 S. DALE MABRY, STE. 257 TAMPA. FL 33609

**Current Mailing Address:** 

405 S. DALE MABRY, STE. 257 TAMPA. FL 33609

FEI Number: 26-3002007 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HACK, BOBBY 405 S. DALE MABRY, STE. 257 TAMPA, FL 33609 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 DP Title S

Name HACK, BOBBY Name THE COLLEGIAL ENTERTAINMENT

405 S. DALE MABRY, STE. 257

Address 405 S. DALE MABRY, STE. 257
City-State-Zip: TAMPA FL 33609

City-State-Zip: TAMPA FL 33609

Title DT

Address

Name CAPLING, RIHANNON

Address 405 S. DALE MABRY, STE. 257

City-State-Zip: TAMPA FL 33609

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: BOBBY W HACK REGISTERED AGENT 03/29/2017

Electronic Signature of Signing Officer/Director Detail

Date

FILED Mar 29, 2017

**Secretary of State** 

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