

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000004725

**Entity Name:** THE CASCADES WE CARE, INC.**Current Principal Place of Business:**7243 GRANVILLE AVENUE  
BOYNTON BEACH, FL 33437**Current Mailing Address:**7243 GRANVILLE AVENUE  
BOYNTON BEACH, FL 33437 US**FEI Number:** 01-0930951**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**FEIT, IRWIN J  
7405 HAVILAND CIRCLE  
BOYNTON BEACH, FL 33437 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            PRICE, CAROL  
Address        7243 GRANVILLE AVENUE  
City-State-Zip: BOYNTON BEACH FL 33437

Title            TREASURER  
Name            BERGMAN, ERNEST  
Address        6673 SHERBROOK DRIVE  
City-State-Zip: BOYNTON BEACH FL 33437

Title            RECORDING SECRETARY  
Name            NICHOLS, SANDRA  
Address        11513 LAWTON ROAD  
City-State-Zip: BOYNTON BEACH FL 33437

Title            DIRECTOR  
Name            HACKER, PAUL  
Address        6631 MAYBROOK ROAD  
City-State-Zip: BOYNTON BEACH FL 33437

Title            VP  
Name            BERGMAN, RONNI  
Address        6673 SHERBROOK DRIVE  
City-State-Zip: BOYNTON BEACH FL 33437

Title            CORRESPONDING SECRETARY  
Name            KANTOR, CAROLE  
Address        7053 HAVILAND CIRCLE  
City-State-Zip: BOYNTON BEACH FL 33437

Title            DIRECTOR  
Name            FEIT, IRWIN  
Address        7405 HAVILAND CIRCLE  
City-State-Zip: BOYNTON BEACH FL 33437

Title            DIRECTOR  
Name            FELSETHAL, EDITH  
Address        7209 WHITFIELD AVENUE  
City-State-Zip: BOYNTON BEACH FL 33437

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*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: ERNEST BERGMAN****TREASURER****03/27/2025**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                   DIRECTOR  
Name                 WEISGRAU, BERNICE  
Address             11574 ALANA TERRACE  
City-State-Zip:   BOYNTON BEACH   FL  33437

Title                   DIRECTOR  
Name                 MANN, RODELL  
Address             7213 LOUISIANA COURT  
City-State-Zip:   BOYNTON BEACH   FL  33437