2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 01, 2018
Secretary of State
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Entity Name: SOUTH FLORIDA CARES OF THE NATIONAL CARES MENTORING MOVEMENT, INC.

Current Principal Place of Business:

SOUTH FLORIDA CARES OF THE NATIONAL CARES MENTORING MOVEMENT INC.
1951 NW 7TH AVENUE 6TH FLOOR
MIAMI, FL 33136

Current Mailing Address:

SOUTH FLORIDA CARES MENTORING MOVEMENT
1951 NW 7TH AVENUE 6TH FLOOR
MIAMI, FL 33136 US

FEI Number: 46-2942231

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SOUTH FLORIDA CARES OF THE NATIONAL CARES MENTORING MOVEMENT , INC.
SOUTH FLORIDA CARES MENTORING MOVEMENT
1951 NW 7TH AVENUE 6TH FLOOR
MIAMI, FL 33136 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: TRACEY ROBERTSON CARTER 10/01/2018

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	BOARD CHAIR
Name	ROBERTSON CARTER, TRACEY
Address	SOUTH FLORIDA CARES MENTORING MOVEMENT 1951 NW 7TH AVENUE 6TH FLOOR
City-State-Zip:	MIAMI FL 33136

Title	EXECUTIVE DIRECTOR
Name	CERISE , SUTTON
Address	SOUTH FLORIDA CARES MENTORING MOVEMENT 1951 NW 7TH AVENUE 6TH FLOOR
City-State-Zip:	MIAMI FL 33136

Title	CORRESPONDING SECRETARY
Name	MESSADO , CHRISTINE
Address	SOUTH FLORIDA CARES MENTORING MOVEMENT 1951 NW 7TH AVENUE 6TH FLOOR
City-State-Zip:	MIAMI FL 33136

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: TRACEY ROBERTSON CARTER BOARD CHAIR 10/01/2018

Electronic Signature of Signing Officer/Director Detail Date