

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000008387

**FILED**  
**Feb 09, 2017**  
**Secretary of State**  
**CC8169923737**

**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**

**02/09/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

Title CHAIRMAN  
Name WALKER, RACHEL  
Address SOUTH FLORIDA CARES MENTORING MOVEMENT  
1951 NW 7TH AVENUE 6TH FLOOR  
City-State-Zip: MIAMI FL 33136

Title CHIEF PROGRAMS DIRECTOR  
Name SUTTON , CERISE  
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**

**EXECUTIVE DIRECTOR**

**02/09/2017**

Electronic Signature of Signing Officer/Director Detail

Date