

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000008487

Entity Name: CENTER FOR AGRILIFE RESEARCH ENTREPRENEURSHIP & EDUCATION CORP. (CARE2)**FILED**
Jan 09, 2015
Secretary of State
CC2681692015**Current Principal Place of Business:**2199 S. ROCK ROAD
FT. PIERCE, FL 34954**Current Mailing Address:**2199 S. ROCK ROAD
FT. PIERCE, FL 34954 US**FEI Number: 27-3412726****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**STEFAN, MATTHES
2199 S ROCK RD
FT PIERCE, FL 34957 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: STEFAN MATTHES****01/09/2015**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P,D
Name	MATTHES, STEFAN
Address	2199 S. ROCK ROAD
City-State-Zip:	FT PIERCE FL 34954

Title	VP,D
Name	GUSCHKE, TOM
Address	2199 S. ROCK RD
City-State-Zip:	FORT PIERCE FL 34954

Title	TD
Name	SCHMIDT, KATHRYN
Address	2199 S ROCK ROAD
City-State-Zip:	FORT PIERCE FL 34954

Title	SD
Name	DEVRIES, BEN
Address	2199 S ROCK ROAD
City-State-Zip:	FORT PIERCE FL 34954

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: STEFAN MATTHES**PRESIDENT****01/09/2015**

Electronic Signature of Signing Officer/Director Detail

Date