

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000005766

**Entity Name:** FOODIES CARE, INC**Current Principal Place of Business:**1611 SAN MARCO BLVD  
JACKSONVILLE, FL 32207**Current Mailing Address:**1611 SAN MARCO BLVD  
JACKSONVILLE, FL 32207 US**FEI Number:** 27-4623970**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WHITE, MIKE W  
1611 SAN MARCO BLVD  
JACKSONVILLE, FL 32207 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:** MIKE WHITE

05/12/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                        |
|-----------------|------------------------|
| Title           | VP                     |
| Name            | WHITE, MATTHEW THOMAS  |
| Address         | 12791 HUNTLEY MANOR DR |
| City-State-Zip: | JACKSONVILLE FL 32224  |

|                 |                        |
|-----------------|------------------------|
| Title           | S                      |
| Name            | WESTRICK, BARBARA ANNE |
| Address         | 714 N POWERS           |
| City-State-Zip: | TAYLORVILLE IL 62568   |

|                 |                      |
|-----------------|----------------------|
| Title           | VP                   |
| Name            | ACKERSON, ANNE       |
| Address         | 7951 EAST 36TH PLACE |
| City-State-Zip: | YUMA AZ 85365-6379   |

|                 |                        |
|-----------------|------------------------|
| Title           | PRESIDENT              |
| Name            | WHITE, MIKE W          |
| Address         | 12791 HUNTLEY MANOR DR |
| City-State-Zip: | JACKSONVILLE FL 32224  |

*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:** MIKE WHITE

PRESIDENT

05/12/2021

Electronic Signature of Signing Officer/Director Detail

Date