

2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N11000010165

Entity Name: NCARES, INC.

Current Principal Place of Business:

85332 MINER RD
YULE, FL 32097

Current Mailing Address:

85332 MINER RD
YULE, FL 32097 US

FEI Number: 45-3797722

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MATHEWS, EDWARD E
85332 MINER RD
YULE, FL 32097 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 DIRECTOR
Name MORRIS, DWAYNE E
Address 28200 TRACY ROAD
City-State-Zip: HILLIARD FL 32046

Title DIRECTOR
Name TICE, THOMAS E
Address 95071 WHISTLING DUCK CIR
City-State-Zip: FERNANDINA BEACH FL 32034

Title DIRECTOR, PRESIDENT
Name SINOR, BUDDY R
Address 96282 OYSTER BAY DRIVE
City-State-Zip: FERNANDINA BEACH FL 32034

Title DIRECTOR, TREASURER
Name BRUMUND, WILLIAM F
Address 96253 BAY VIEW DR
City-State-Zip: FERNANDINA BEACH FL 32034

Title DIRECTOR
Name BROOKE, JAMES
Address 7 HICKORY LANE
City-State-Zip: FERNANDINA BEACH FL 32034

Title DIRECTOR, SECRETARY
Name MATHEWS, EDWARD E
Address 85332 MINER RD
City-State-Zip: YULE FL 32097

Title DIRECTOR
Name LEVINE, MICHAEL J
Address 92038 WOODLAWN DRIVE
City-State-Zip: FERNANDINA BEACH FL 32034

Title DIRECTOR
Name MCMONAGLE, MICHAEL E
Address PO BOX 17275
City-State-Zip: FERNANDINA BEACH FL 32035

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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: EDWARD E MATHEWS

DIRECTOR, SECRETARY 03/11/2024

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title DIRECTOR
Name WHELAN, RICHARD J
Address 85060 DAVID ROAD
City-State-Zip: YULEE FL 32097