

**2023 FLORIDA NOT FOR PROFIT CORPORATION 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 ANDERSON, FERDERIC SII  
Address 95018 PALM POINTE DR. N  
City-State-Zip: FERNANDINA BEACH FL 32034

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 TREASURER, DIRECTOR  
Name FOSS, GEORGE EIII  
Address 96125 MARSH LAKES DR  
City-State-Zip: FERNANDINA BEACH FL 32034

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

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

Title DIRECTOR  
Name GRIFFIN, MICHAEL S  
Address PO BOX 15190  
City-State-Zip: FERNANDINA BEACH FL 32034

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

**Continues on page 2**

*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

SECRETARY, DIRECTOR 01/03/2023

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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