

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

DOCUMENT# N14000001676

**Entity Name:** ICP CARE CORP

**Current Principal Place of Business:**

8358 COMMERCE WAY  
106  
MIAMI LAKES, FL 33016

**FILED**  
**Jul 20, 2021**  
**Secretary of State**  
**7758373034CC**

**Current Mailing Address:**

PO BOX 146  
MIAMI LAKES, FL 33014 UN

**FEI Number:** 46-5267610

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BENAVIDES-DIAZ, DONNA K  
8358 COMMERCE WAY  
106  
MIAMI LAKES, FL 33016 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 CHAIRMAN  
Name BENAVIDES-DIAZ, DONNA K  
Address 8358 COMMERCE WAY  
106  
City-State-Zip: MIAMI LAKES FL 33016

Title BOARD MEMBER  
Name BOYER, HILARY J  
Address N8808 COUNTY ROAD B  
City-State-Zip: SPRING VALLEY WI 54767

Title VICE CHAIR  
Name HEALEY, AMPARO  
Address 24 BERKSHIRE DRIVE  
City-State-Zip: CLIFTON PARK NY 12065

Title BOARD MEMBER  
Name TERRY, KAITLAN  
Address 4712 HOBBS WAY  
City-State-Zip: LEXINGTON KY 40515

Title BOARD MEMBER  
Name MILLER, JASON  
Address 6713 PERRINE ROAD  
City-State-Zip: MIDLAND MI 48642

Title BOARD MEMBER  
Name BONEBRAKE, LAURA  
Address 11734 SERAMA DRIVE  
City-State-Zip: DES PERES MO 63131

Title BOARD MEMBER  
Name ABRAHAM, GRACE  
Address 7921 BLAIN MEADOW CT  
1C  
City-State-Zip: BYRON CENTER MI 49315

Title BOARD MEMBER  
Name NAFF, ELISABETH  
Address 1224 MONTICELLO BLVD  
City-State-Zip: OCEAN SPRINGS MS 39564

**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:** DONNA K BENAVIDES-DIAZ

**CHAIR**

**07/20/2021**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title BOARD MEMBER  
Name MCKERNAN, LIA  
Address 5248 N OLEANDER PARKWAY  
City-State-Zip: CHICAGO IL 60656

Title BOARD MEMBER  
Name TURNER, AIREEN  
Address 4561 PALM AVE  
#1  
City-State-Zip: LA MESA CA 91941

Title BOARD MEMBER  
Name KARP, CARLA  
Address 107 MONTCLAIR AVE.  
City-State-Zip: MONTCLAIR NJ 07042

Title BOARD MEMBER  
Name LORENTZ, NICOLE  
Address 55 HAINES HIGHWAY  
City-State-Zip: HAINES AK 99827