

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000010468

**Entity Name:** CLAUDY CARES FOUNDATION INC

**Current Principal Place of Business:**

18459 PINES BLVD  
358  
PEMBROKE PINES, FL 33029

**Current Mailing Address:**

18459 PINES BLVD  
358  
PEMBROKE PINES, FL 33029

**FEI Number:** 47-2339846

**Certificate of Status Desired:** No

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

HIBBERT-SMITH, CLAUDIENNE R  
18459 PINES BLVD  
STE 358  
PEMBROKE PINES, FL 33029 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 P  
Name HIBBERT-SMITH, CLAUDIENNE R  
Address 18459 PINES BLVD STE 358  
City-State-Zip: PEMBROKE PINES FL 33029

Title VP  
Name BRYANT, AMARI R  
Address 18459 PINES BLVD STE 358  
City-State-Zip: PEMBROKE PINES FL 33029

Title SECR  
Name HIBBERT, PAULETTE  
Address 17742 SW 23 STREET  
City-State-Zip: MIRAMAR FL 33029

*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:** CLAUDIENNE R HIBBERT-SMITH

**PRESIDENT**

**01/22/2016**

Electronic Signature of Signing Officer/Director Detail

Date