2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2020
Secretary of State
1421883058CC

DOCUMENT# N15000004562

Entity Name: ST. CLOUD CARES, INC.

Current Principal Place of Business:

2745 CANOE CREEK ROAD
ST. CLOUD, FL 34772

Current Mailing Address:

2745 CANOE CREEK ROAD
ST. CLOUD, FL 34772

FEI Number: 47-4146742

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GILKEY, SAM B JR
2745 CANOE CREEK ROAD
ST. CLOUD, FL 34772 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: SAM B GILKEY JR 05/01/2020

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	P
Name	GILKEY, SAM B JR.
Address	2745 CANOE CREEK ROAD
City-State-Zip:	ST. CLOUD FL 34772

Title	VP
Name	WHISTLER, NIKI J
Address	2745 CANOE CREEK ROAD
City-State-Zip:	ST. CLOUD FL 34772

Title	T
Name	ALLEN, SHELLY K
Address	2745 CANOE CREEK ROAD
City-State-Zip:	ST. CLOUD FL 34772

Title	SECRETARY
Name	HASKETT, KARRIE A
Address	2745 CANOE CREEK ROAD
City-State-Zip:	ST. CLOUD FL 34772

Title	DIRECTOR
Name	BRUEGGEMANN, DAVID
Address	2745 CANOE CREEK ROAD
City-State-Zip:	ST. CLOUD FL 34772

Title	DIRECTOR
Name	THOMAS, BARBARA
Address	2745 CANOE CREEK ROAD
City-State-Zip:	ST. CLOUD FL 34772

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: SHELLY K ALLEN TREASURER 05/01/2020

Electronic Signature of Signing Officer/Director Detail — Date