

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000008760

**Entity Name:** LIVE.SERVE.CARE. INC.

**Current Principal Place of Business:**

1530 WEST BOYNTON BEACH BLVD  
#3155  
BOYNTON BEACH, FL 33424

**Current Mailing Address:**

1530 WEST BOYNTON BEACH BLVD  
#3155  
BOYNTON BEACH, FL 33424 US

**FEI Number:** 83-1857142

**Certificate of Status Desired:** No

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

BANKS, SHEILA  
1530 WEST BOYNTON BEACH BLVD  
#3155  
BOYNTON BEACH, FL 33424 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:** SHEILA BANKS

**03/29/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title MEMBER  
Name WILLIAMS, VICKIE MCNEAL  
Address 2285 SHOMA DR  
City-State-Zip: ROYAL PALM BEACH FL 33414

Title PRESIDENT/FOUNDER  
Name BANKS, SHEILA  
Address 2343 HERITAGE PARK CIRCLE  
City-State-Zip: KENNESAW GA 30144

Title MEMBER  
Name BANKS, SYLVESTER  
Address 1406 N MLK JR AVE  
City-State-Zip: CLEARWATER FL 33756

Title MEMBER  
Name ALLEN, GALE C  
Address 3820 COELEBS AVE  
City-State-Zip: BOYNTON BEACH FL 33436

*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:** SHEILA BANKS

**PRESIDENT/CEO**

**03/29/2023**

Electronic Signature of Signing Officer/Director Detail

Date