

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000003445

**Entity Name:** CHRISTA CARES, INC.

**Current Principal Place of Business:**

350 NW 204 TERRACE  
MIAMI, FL 33169

**Current Mailing Address:**

350 NW 204 TERRACE  
MIAMI, FL 33169 US

**FEI Number: 83-4664114**

**Certificate of Status Desired: Yes**

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

CURRY, JOANNEA  
350 NW 204 TERRACE  
MIAMI, FL 33169 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 CURRY, JOANNEA  
Address 350 NW 204 TERRACE  
City-State-Zip: MIAMI FL 33169

Title T  
Name SWEET, NIA  
Address 350 NW 204 TERRACE  
City-State-Zip: MIAMI FL 33169

Title S  
Name MYERS, JULIA  
Address 350 NW 204 TERRACE  
City-State-Zip: MIAMI FL 33169

*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: JOANNEA CURRY**

**PRESIDENT**

**02/16/2024**

Electronic Signature of Signing Officer/Director Detail

Date