

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32001

Entity Name: CARIDAD CENTER, INC.**Current Principal Place of Business:**8645 W BOYNTON BEACH BLVD
BOYNTON BCH, FL 33472**Current Mailing Address:**8645 W BOYNTON BEACH BLVD
BOYNTON BCH, FL 33472 US**FEI Number:** 65-0149423**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**RETAMAR, RICHARD EESQ
823 E. HILLSBORO BLVD.
DEERFIELD BEACH, FL 33441 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:** RICHARD RETAMAR ESQ

03/10/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN, DIRECTOR
Name RETAMAR, RICHARD
Address 823 E. HILLSBORO BLVD.
City-State-Zip: DEERFIELD BEACH FL 33441

Title CEO
Name KALLUS, LAURA
Address 8645 W BOYNTON BEACH BLVD
City-State-Zip: BOYNTON BCH FL 33472

Title TREASURER
Name SHARMA, SANJIV
Address 8645 W BOYNTON BEACH BLVD
City-State-Zip: BOYNTON BCH FL 33472

Title SECRETARY
Name ZARCADOOLAS, NANCY
Address 8645 W BOYNTON BEACH BLVD
City-State-Zip: BOYNTON BEACH FL 33472

Title CFO
Name CHAPMAN, JEFFREY
Address 8645 W BOYNTON BEACH BLVD
City-State-Zip: BOYNTON BCH FL 33472

Title CO-CHAIRMAN
Name POWERS, RICHARD
Address 2500 N ANDREWS AVE EXTENSION
City-State-Zip: POMPANO BEACH FL 33064-2112

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: JEFFREY C CHAPMAN

CFO

03/10/2023

Electronic Signature of Signing Officer/Director Detail

Date