

**2022 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F17000001132

**Entity Name:** SYDNEY CARES INCORPORATED**Current Principal Place of Business:**1807 DERRILL DR.  
DECATUR, GA 30032**Current Mailing Address:**6271 ST. AUGUSTINE RD  
STE 24-1066  
JACKSONVILLE, FL 32217 US**FEI Number: 81-3774737****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BIGGINS, SUSIE VANESSA  
2612 W. 25TH ST  
JACKSONVILLE, FL 32209 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:** SUSIE VANESSA BIGGINS

05/05/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                            |
|-----------------|----------------------------|
| Title           | D, P                       |
| Name            | SYDNEY CARES, INCORPORATED |
| Address         | 1807 DERRILL DR.           |
| City-State-Zip: | DECATUR GA 30032           |

|                 |                    |
|-----------------|--------------------|
| Title           | VC, VP             |
| Name            | TAYLOR, TREMETRA M |
| Address         | 4875 BUCHLI LANE   |
| City-State-Zip: | LITHONIA GA 30038  |

|                 |                          |
|-----------------|--------------------------|
| Title           | D, S                     |
| Name            | WILLIAMS, YOLANDA D      |
| Address         | 4711BROWNS MILL FERRY RD |
| City-State-Zip: | LITHONIA GA 30038        |

|                 |                        |
|-----------------|------------------------|
| Title           | CEO                    |
| Name            | YOUNG, MARQUITA NICOLE |
| Address         | 2064 RIDGEDALE RD NE   |
| City-State-Zip: | ATLANTA GA 30317       |

*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:** CARLA B JONES**MANAGER**

05/05/2022

Electronic Signature of Signing Officer/Director Detail

Date