

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000013009

**Entity Name:** OKM CARES INC

**Current Principal Place of Business:**

2355 SOUTH RIPPLE PATH  
CRYSTAL RIVER, FL 34429

**Current Mailing Address:**

2355 SOUTH RIPPLE PATH  
CRYSTAL RIVER, FL 34429 US

**FEI Number:** 85-3953020

**Certificate of Status Desired:** No

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

BARTELL, BREANNA M  
2355 SOUTH RIPPLE PATH  
CRYSTAL RIVER, FL 34429 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 FENDER, BILLY J  
Address 980 N TETON PATH  
City-State-Zip: CRYSTAL RIVER FL 34429

Title VP  
Name BARTELL, GARY L JR  
Address 2355 S RIPPLE PATH  
City-State-Zip: CRYSTAL RIVER FL 34429

Title S,T  
Name BARTELL, BREANNA M  
Address 2355 S RIPPLE PATH  
City-State-Zip: CRYSTAL RIVER FL 34429

*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:** GARY BARTELL

VP

05/01/2021

Electronic Signature of Signing Officer/Director Detail

Date