

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

DOCUMENT# N21000013624

**Entity Name:** ESSIE CARES FOUNDATION CORPORATION

**Current Principal Place of Business:**

2444 CLASSIE ALLEN LN.  
TALLAHASSEE, FL 32311

**Current Mailing Address:**

2444 CLASSIE ALLEN LN.  
TALLAHASSEE, FL 32311 US

**FEI Number: 87-3214964**

**Certificate of Status Desired: No**

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

MOORE, JAYLEN  
2444 CLASSIE ALLEN LN.  
TALLAHASSEE, FL 32311 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 F  
Name ALLEN HILLS, FELICIA  
Address 2444 CLASSIE ALLEN LN.  
City-State-Zip: TALLAHASSEE FL 32311

Title CO-F  
Name HILLS, ANTHONY  
Address 2444 CLASSIE ALLEN LN.  
City-State-Zip: TALLAHASSEE FL 32311

Title VP  
Name ALLEN, JANICE  
Address 711 GLADIOLA TERR.  
City-State-Zip: TALLAHASSEE FL 32303

Title VP  
Name WALKER, LATRENDIA  
Address 2719 W. THARPE ST.  
City-State-Zip: TALLAHASSEE FL 32303

Title M-SP  
Name LAWRENCE, JERMAINE  
Address 711 GLADIOLA TERR.  
City-State-Zip: TALLAHASSEE FL 32303

Title BM  
Name BURKE, KONTRELL  
Address 2444 CLASSIE ALLEN LN.  
City-State-Zip: TALLAHASSEE FL 32311

*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: FELICIA ALLEN HILLS**

**FOUNDER**

**03/04/2024**

Electronic Signature of Signing Officer/Director Detail

Date