

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700116

Entity Name: THE CHARLES A. DANA, LAW CENTER FOUNDATION, INC.**Current Principal Place of Business:**1401 61ST STREET SOUTH
GULFPORT, FL 33707**Current Mailing Address:**1401 61ST STREET SOUTH
GULFPORT, FL 33707**FEI Number: 59-6135559****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**JOHNSON, PATRICIA
1401 61ST ST S
ST. PETERSBURG, FL 33707 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	PD
Name	HILL, BENJAMIN H IV
Address	1401 61ST ST
City-State-Zip:	SAINT PETERSBURG FL 33707

Title	STD
Name	DOYLE, ROBERT JR
Address	1401 61ST ST
City-State-Zip:	SAINT PETERSBURG FL 33707

Title	D
Name	COLEMAN, GREGORY
Address	1401 61ST STREET SOUTH
City-State-Zip:	GULFPORT FL 33707

Title	D
Name	TURNER, JASON
Address	1401 61ST STREET SOUTH
City-State-Zip:	GULFPORT FL 33707

Title	VD
Name	GUNN, TRACY RAFFLES
Address	1401 61ST STREET S
City-State-Zip:	GULFPORT FL 33707

Title	EX-OFFICIO ACTIVE MEMBER
Name	ALEXANDRE, MICHELE
Address	1401 61ST STREET SOUTH
City-State-Zip:	GULFPORT FL 33707

Title	D
Name	DUNLAP, GRACE E
Address	1401 61ST STREET SOUTH
City-State-Zip:	GULFPORT FL 33707

Title	EX-OFFICIO ACTIVE MEMBER
Name	ROELLKE, CHRISTOPHER
Address	1401 61ST STREET SOUTH
City-State-Zip:	GULFPORT FL 33707

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: MICHELE ALEXANDRE**EX-OFFICIO ACTIVE
MEMBER****04/13/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date