2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707254

Entity Name: MONROE ARMS INC

Current Principal Place of Business:

1833 MONROE STREET

APARTMENT 4

HOLLYWOOD, FL 33020

Current Mailing Address:

MONROE ARMS INC 1833 MONROE STREET APARTMENT #4

HOLLYWOOD, FL 33020 US

FEI Number: 59-2606722 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

DONALDSON, SHARON MONROE ARMS INC 1833 MONROE STREET APARTMENT #4 HOLLYWOOD, FL 33020 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: SHARON DONALDSON 04/24/2024

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRESIDENT Title VP

Name ASCOUGH-CLARKE, CRAIGE Name HOOKER, CHRISTOPHER

Address MONROE ARMS INC Address MONROE ARMS INC

1833 MONROE STREET APARTMENT # 1833 MONROE STREET APARTMENT #

City-State-Zip: HOLLYWOOD FL 33020 City-State-Zip: HOLLYWOOD FL 33020

Title TREASURER Title BOARD OF DIRECTORS

Name DONALDSON, SHARON Name CASERO, WALTER

Address MONROE ARMS INC Address MONROE ARMS INC 1833 MONROE STREET APARTMENT 1833 MONROE STREET APARTMENT #

4 7

City-State-Zip: HOLLYWOOD FL 33020 City-State-Zip: HOLLYWOOD FL 33020

Title SECRETARY Title BOARD OF DIRECTORS

Name AXVIG, SUSAN Name NIX, JEANINE DR.

Address MONROE ARMS INC Address MONROE ARMS INC

1833 MONROE STREET APARTMENT # 1833 MONROE STREET APARTMENT #

City-State-Zip: HOLLYWOOD FL 33020 City-State-Zip: HOLLYWOOD FL 33020

Gity-Glate-Zip. Hollet Wood 12 33020

Title BOARD OF DIRECTORS Title BOARD OF DIRECTORS

 Name
 DELIC, GORAN
 Name
 ZLOTNIK, MICHAEL

 Address
 MONROE ARMS INC
 Address
 MONROE ARMS INC

MONROE ARMS INC

1833 MONROE STREET APARTMENT #

Address

MONROE ARMS INC

1833 MONROE STREET APARTMENT #

1833 MONROE STREET APARTMENT #

City-State-Zip: HOLLYWOOD FL 33020 City-State-Zip: HOLLYWOOD FL 33020

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: SHARON DONALDSON TREASURER 04/24/2024

FILED Apr 24, 2024 Secretary of State 3308410153CC