

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722735

Entity Name: MYAKKA RIVER GROUP, INC.**Current Principal Place of Business:**7030 CHANCELLOR BLVD.
NORTH PORT, FL 34287**Current Mailing Address:**7030 CHANCELLOR BLVD.
NORTH PORT, FL 34287 US**FEI Number:** 59-1458960**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SOUDER, JOHN S
6978 PAN AMERICAN BLVD
NORTH PORT, FL 34287-2172 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:** JOHN SOUDER

01/08/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	SOUDER, JOHN S
Address	6978 PAN AMERICAN BLVD
City-State-Zip:	NORTH PORT FL 34287-2172
Title	TREASURER, SECRETARY
Name	BAUER, BRUCE K
Address	2883 PHOENIX PALM TERRACE
City-State-Zip:	NORTH PORT FL 34288-8620
Title	TRUSTEE
Name	O'GRADY, BERNIE
Address	18416 MORRISON AVE
City-State-Zip:	PORT CHARLOTTE FL 33948-3428
Title	OTHER
Name	SAVOIE, JOHN PAUL
Address	4215 SANDUNE AVE
City-State-Zip:	NORTH PORT FL 34287-3936

Title	VP
Name	ALLISON, PAUL
Address	8640 QUINN AVE
City-State-Zip:	NORTH PORT FL 34288-2184
Title	TRUSTEE
Name	O'GRADY, RETA
Address	18416 MORRISON AVE
City-State-Zip:	PORT CHARLOTTE FL 33948-3428
Title	TRUSTEE
Name	WARREN, GEORGE
Address	6733 PAN AMERICAN BLVD
City-State-Zip:	NORTH PORT FL 34287
Title	TRUSTEE
Name	NEWELL, ROBERT
Address	4570 LA ROSA AVE
City-State-Zip:	NORTH PORT FL 34286

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: BRUCE K BAUER

TREASURER

01/08/2019

Electronic Signature of Signing Officer/Director Detail

Date