

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004109

Entity Name: FLORA HAMILTON ROBERTS COMMUNITY FUND CORPORATION**Current Principal Place of Business:**4144 BISQUE LANE
FORT MYERS, FL 33916**Current Mailing Address:**P.O.BOX 61741
FORT MYERS, FL 33907 US**FEI Number:** 65-1006189**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**YOUNG, MATTIE
1540 LOCKWOOD ST
FORT MYERS, FL 33916 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:** MATTIE YOUNG

04/01/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	TYLER, SHIRLEY
Address	4144 BISQUE LANE
City-State-Zip:	FORT MYERS FL 33916

Title	VP
Name	WOODS, TIMIKA
Address	515 HAMILTON AVE
City-State-Zip:	LEHIGH FL 33972

Title	TREASURER
Name	BROWN, KEOSHIA
Address	306 SE 7TH STREET
City-State-Zip:	CAPE CORAL FL 33990

Title	DIRECTOR
Name	POWE-SMITH, GLORIA YVONNE
Address	1413 SE 2ND TERR.
City-State-Zip:	CAPE CORAL FL 33990

Title	DIRECTOR
Name	DAVIS-COOPER, VANESSA
Address	6596 KESTREL CIR.
City-State-Zip:	FORT MYERS, FL 33966

Title	DIRECTOR
Name	FORBES, LYNDA
Address	1107 MOHAWK PARKWAY
City-State-Zip:	APE CPRAL FL 33914

Title	PARLIMENTARIAN DIRECTOR
Name	MASSEY, TAMIKA
Address	828 ABRAMS BLVD
City-State-Zip:	LEHIGH ACRES FL 33971

Title	DIRECTOR
Name	SCOTT, MARCIA
Address	18325 MINOREA LANE
City-State-Zip:	LEHIGH ACRES FL 33936

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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: SHIRLEY TYLER

PRESIDENT

04/01/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name ROBERTS-CHANDLER, DENISE
Address 2111 BRAMAN AVE
City-State-Zip: FORT MYERS FL 33901

Title DIRECTOR
Name EADY-GOVAN, ROSE
Address 2478 DUPREE STREET
City-State-Zip: FORT MYERS FL 33916