

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007475

Entity Name: BE STRONG INTERNATIONAL, INC.**Current Principal Place of Business:**9730 EAST HIBISCUS STREET
SUITE B
PALMETTO BAY, FL 33157**Current Mailing Address:**9730 EAST HIBISCUS STREET
SUITE B
PALMETTO BAY, FL 33157 US**FEI Number:** 65-1054347**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SHIRLEY, MICHELLE
9730 EAST HIBISCUS STREET
SUITE B
PALMETTO BAY, FL 33157 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	EXECUTIVE DIRECTOR
Name	SHIRLEY, MICHELLE V
Address	P.O. BOX 298747
City-State-Zip:	PEMBROKE PINES FL 33029

Title	TREASURER
Name	SMITH, VIVIAN
Address	15433 SW 102 PLACE
City-State-Zip:	MIAMI FL 33157

Title	FUND RAISER
Name	CHISM-PATTON, DEBORAH
Address	9730 EAST HIBISCUS STREET SUITE B
City-State-Zip:	PALMETTO BAY FL 33157

Title	VP
Name	COX, DAVID
Address	9120 SW 173RD STREET
City-State-Zip:	MIAMI FL 33157

Title	CHAPLAIN
Name	EMILE, KEVIN
Address	P.O. BOX 610786
City-State-Zip:	MIAMI FL 33261

Title	FUND RAISER
Name	MALLORY-WHITE, MARIA
Address	16441 SW 39TH STREET
City-State-Zip:	MIRAMAR FL 33027

Title	SECRETARY
Name	DEMETRIUS, OLUWAKEMI
Address	9461 N.W. 55TH STREET
City-State-Zip:	SUNRISE FL 33351

Title	PRESIDENT
Name	NOEL, MARSHA
Address	835 NE 126TH STREET
City-State-Zip:	NORTH MIAMI FL 33161

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: MICHELLE SHIRLEY**EXECUTIVE DIRECTOR****03/05/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date