| 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: KAREN BURNSIDE

Electronic Signature of Signing Officer/Director Detail

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### Current Principal Place of Business:

1811 E OAK KNOLL CIRCLE DAVIE, FL 33324

# Current Mailing Address:

DOCUMENT# N0200005105

1811 E OAK KNOLL CIRCLE DAVIE, FL 33324 US

# FEI Number: 52-1973460

## Name and Address of Current Registered Agent:

BURNSIDE, KAREN 1811 E OAK KNOLL CIRCLE DAVIE, FL 33324 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: KAREN BURNSIDE |  |                 |                         | 03/22/2019 |  |
|---------------------------|--|-----------------|-------------------------|------------|--|
|                           | Electronic Signature of Registered Agent |                 |                         | Date       |  |
| Officer/Director Detail : |  |                 |                         |            |  |
| Title                     | PD                                       | Title           | VD                      |            |  |
| Name                      | BURNSIDE, KAREN                          | Name            | ADLER, ELINOR           |            |  |
| Address                   | 1811 E OAK KNOLL CIRCLE                  | Address         | 790 SW 164 AVENUE       |            |  |
| City-State-Zip:           | DAVIE FL 33324                           | City-State-Zip: | PEMBROKE PINES FL 33027 |            |  |
| Title                     | TD                                       | Title           | SD                      |            |  |
| Name                      | LLAMAS, LILLIAN                          | Name            | ELAINE, REYES           |            |  |
| Address                   | 9360 SW 185 STREET                       | Address         | 12660 MAGNOLIA COURT    |            |  |
| City-State-Zip:           | CUTLER BAY FL 33157                      | City-State-Zip: | CORAL SPRINGS FL 33071  |            |  |
| Title                     | D  | Title           | D                       |            |  |
| Name                      | POLLINA, DOREEN                          | Name            | MASON, CHERRY           |            |  |
| Address                   | 471 N. PINE ISLAND #201                  | Address         | 901 NW 89 TERRACE       |            |  |
| City-State-Zip:           | PLANTATION FL 33324                      | City-State-Zip: | PEMBROKE PINES FL 33024 |            |  |

Certificate of Status Desired: No

PRESIDENT

03/22/2019

## FILED Mar 22, 2019 Secretary of State 4190125356CC

Date