

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001479

Entity Name: FACES OF COURAGE FOUNDATION, INC.**Current Principal Place of Business:**6608 GLENCOE DRIVE
TAMPA, FL 33617**Current Mailing Address:**10006 CROSS CREEK BLVD.
#519
TAMPA, FL 33647 US**FEI Number:** 20-0584489**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SHERRY, PEGGIE D
10006 CROSS CREEK BLVD.
#519
TAMPA, FL 33647 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 DCEO
Name SHERRY, PEGGIE D
Address 10006 CROSS CREEK BLVD.
#519
City-State-Zip: TAMPA FL 33647

Title DIRECTOR
Name SCALISE, YVONNE
Address 10006 CROSS CREEK BLVD.
#519
City-State-Zip: TAMPA FL 33647

Title SECRETARY
Name DODGE, TIFFANY
Address 10006 CROSS CREEK BLVD.
#519
City-State-Zip: TAMPA FL 33647

Title DIRECTOR
Name MASSEY, STARLETT
Address 10006 CROSS CREEK BLVD.
#519
City-State-Zip: TAMPA FL 33647

Title DIRECTOR
Name PANNWITZ-LEONARD, CASSANDRA
Address 10006 CROSS CREEK BLVD.
#519
City-State-Zip: TAMPA FL 33647

Title DIRECTOR
Name SCHULTZ, JUDITH
Address 10006 CROSS CREEK BLVD.
#519
City-State-Zip: TAMPA FL 33647

Title TREASURER
Name MITCHELL, THERESA
Address 10006 CROSS CREEK BLVD.
#519
City-State-Zip: TAMPA FL 33647

Title PRESIDENT
Name WREATH, FRANK
Address 10006 CROSS CREEK BLVD.
#519
City-State-Zip: TAMPA FL 33647

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: PEGGIE D. SHERRY

CEO

01/15/2020

Electronic Signature of Signing Officer/Director Detail

Date