

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007841

Entity Name: FILTER FAMILY SOLUTIONS, INC.**Current Principal Place of Business:**1521 E. HARTFORD ST.
INVERNESS, FL 34453**Current Mailing Address:**P.O. BOX 24
INVERNESS, FL 34451**FEI Number:** 20-3830326**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCHMALSTIG, GEORGE
1521 E. HARTFORD ST.
INVERNESS, FL 34453 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:** GEORGE SCHMALSTIG

04/01/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name STUBENBORT, LYNDSEY
Address 1504 W. OMAHA PLACE
City-State-Zip: CITRUS SPRINGS FL 34434

Title PRESIDENT
Name VANLUE, JUSTIN
Address 6240 N. TAMARIND AVE.
City-State-Zip: HERNANDO FL 34442

Title SECRETARY
Name MYERS, KATIE
Address 3138 FRANKLIN TER.
City-State-Zip: INVERNESS FL 34450

Title VP
Name HOLDER, CATHERINE
Address 1628 W. REDDING ST.
City-State-Zip: HERNANDO FL 34442

Title DIRECTOR
Name FIORENTINO, NICHOLAS
Address 2659 E. GULF TO LAKE HWY, PMB 105
City-State-Zip: INVERNESS FL 34453

Title DIRECTOR
Name FLANAGAN, JAMES
Address 9600 N. HOLY OAK TER
City-State-Zip: DUNNELLON FL 34433

Title DIRECTOR
Name ELDRIDGE, ETHAN
Address 7230 N. DEBORAH TER.
City-State-Zip: CITRUS SPRINGS FL 34434

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: JUSTIN VANLUE

PRESIDENT

04/01/2020

Electronic Signature of Signing Officer/Director Detail

Date