

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N05000009805

**Entity Name:** FRIENDS - DOWN SYNDROME SPECIAL NEEDS WEST FLORIDA, INC.

**Current Principal Place of Business:**

12704 BARRETT DRIVE  
TAMPA, FL 33624

**Current Mailing Address:**

12704 BARRETT DRIVE  
TAMPA, FL 33624 US

**FEI Number: 65-1261646**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

PIAZZA ODOM, ASHLEY  
12704 BARRETT DRIVE  
TAMPA, FL 33624 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:** ASHLEY PIAZZA ODOM

11/13/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title OFFICER  
Name FOYT, ANN  
Address 11612 MISS CHLOE COURT  
City-State-Zip: RIVERVIEW FL 33579

Title TREASURER  
Name BOLDT, LORI  
Address 16204 DIAMOND BAY DRIVE  
City-State-Zip: WIMAUMA FL 33598

Title PRESIDENT  
Name PIAZZA ODOM, ASHLEY  
Address 12704 BARRETT DRIVE  
City-State-Zip: TAMPA FL 33624

Title VP  
Name ROUCO, REBECCA  
Address 6512 MOOG ROAD  
City-State-Zip: NEW PORT RICHEY FL 34653

Title SECRETARY  
Name ROSA, CASSIDY  
Address 1411 GOLDEN GLOW DR.  
City-State-Zip: RUSKIN FL 33570

*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:** ASHLEY PIAZZA ODOM

PRESIDENT

11/13/2023

Electronic Signature of Signing Officer/Director Detail

Date