

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 01, 2024

Secretary of State

9227473574CC

DOCUMENT# N06000000204

Entity Name: GROWING ANGELS INC.

Current Principal Place of Business:

13530 SW 267 ST.
HOMESTEAD, FL 33032

Current Mailing Address:

13530 SW 267 ST.
HOMESTEAD, FL 33032 US

FEI Number: 41-2193480

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LEGALINC CORPORATE SERVICES INC.
476 RIVERSIDE AVE.
JACKSONVILLE, FL 32202 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	P	Title	VICE PRESIDENT /OFFICER
Name	ALI, TINA	Name	ALI , MALIKA
Address	13530 SW 267 ST.	Address	13530 SW 267 ST.
City-State-Zip:	HOMESTEAD FL 33032	City-State-Zip:	HOMESTEAD FL 33032
Title	SECRETARY, /OFFICER	Title	OFFICER
Name	COMER, MARTEVIA	Name	HOLMES , ASHANTE
Address	15485 SW 288 STREET C208	Address	11351 SW 230 TERRACE
City-State-Zip:	HOMESTEAD FL 33032	City-State-Zip:	HOMESTEAD FL 33032
Title	OFFICER/COMMITTEE	Title	OFFICER
Name	DR. BRENDA , JUSTE	Name	ARLEEN , LAMBERT
Address	844 NE 205 TERRACE	Address	19811 NW 7TH AVENUE
City-State-Zip:	MIAMI FL 33032	City-State-Zip:	MIAMI FL 33169
Title	TREASURER	Title	OFFICER
Name	MARUNI, SHAQUITHA	Name	HOLMES, TISHA
Address	1616 YELLOWSTONE DRIVE	Address	11351 SW 230 TERRACE
City-State-Zip:	FORNEY TX 75126	City-State-Zip:	MIAMI FL 33032

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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: TINA ALI

PRESIDENT

05/01/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title OFFICER
Name CARTER, JACQIA
Address 5475 SW 191 TERRACE
City-State-Zip: MIRAMAR FL 33029