2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003766

Entity Name: A PLUS FOUNDATION, INC.

Current Principal Place of Business:

3821 ENVIRON BLVD APT.709

LAUDERHILL, FL 33319

Current Mailing Address:

P.O. BOX 770295

CORAL SPRINGS, FL 33077

FEI Number: 20-4647178 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HILTON, OLIVIA B. 3821 ENVIRON BLVD APT.709 LAUDERHILL, FL 33319 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: OLIVIA B. HILTON 01/21/2020

Electronic Signature of Registered Agent

Officer/Director Detail:

Title SECRETARY Title TREASURER

Name FRANKLIN-WILLIAMS, MALIKH Name BROWN, LISA

Address P.O. BOX 770295 Address P.O. BOX 770295

City-State-Zip: CORAL SPRINGS FL 33077 City-State-Zip: CORAL SPRINGS FL 33077

Title DIRECTOR Title DIRECTOR

Name HUDSON, DARLENE Name LEE-BROWN, CATRICE

Address P.O. BOX 770295 Address P.O. BOX 770295

City-State-Zip: CORAL SPRINGS FL 33077 City-State-Zip: CORAL SPRINGS FL 33077

Title PRESIDENT Title VP

Name WRIGHT, LUWANDO Name GREENE-FOGLE, ASHLEY

Address P.O. BOX 770295 Address P.O. BOX 770295

City-State-Zip: CORAL SPRINGS FL 33077 City-State-Zip: CORAL SPRINGS FL 33077

TitleDIRECTORTitleDIRECTORNameCOOPER, SHERRINameMCCRAY, JOELAddressP.O. BOX 770295AddressP.O. BOX 770295

City-State-Zip: CORAL SPRINGS FL 33077 City-State-Zip: CORAL SPRINGS FL 33077

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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: LUWANDO LISETTE WRIGHT

PRESIDENT

01/21/2020

FILED Jan 21, 2020

Secretary of State

1179980070CC

Date

Officer/Director Detail Continued:

Title DIRECTOR

Name WADE, CHERYL

Address P.O. BOX 770295

City-State-Zip: CORAL SPRINGS FL 33077