DOCUMENT Entity Name	Mar 12, 20 P, INC. Secretary of CC7028173		
2009 NW 67TH	rcipal Place of Business: PL FL 32653-1603		
Current Mail	ling Address:		
2009 NW 67TH PL GAINESVILLE, FL 32653-1603 US			
FEI Number: 20-5041018			Certificate of Status Desired
Name and Address of Current Registered Agent:			
KOONS, SCOTT R 2009 NW 67TH PL GAINESVILLE, FL 32653-1603 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		
Officer/Director Detail :			
Title	Ρ	Title	VP
Name	CREAMER, DONNA	Name	PORTWOOD, PAM
Address	4859 NW 50TH AVE	Address	1184 MLK JR MEMORIAL RD
City-State-Zip:	BELL FL 32619	City-State-Zip:	CRAWFORDVILLE FL 32327
Title	S/T		

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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: DONNA CREAMER

VEES, CINDY

860 SE BAKER AVE

MADISON FL 32340

Name Address

City-State-Zip:

PRESIDENT

03/12/2018

Date

Electronic Signature of Signing Officer/Director Detail

## **FILED** 2018 of State 73540

## ed: No