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 <sup>,</sup> BRIAN WILSON	SECRETARY	04/29/2018		

SECRETARY

SIGNATURE: BRIAN WILSON

Electronic Signature of Signing Officer/Director Detail

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## **Current Principal Place of Business:**

1217 CAPE CORAL PKWY E #168 CAPE CORAL, FL 33904

## **Current Mailing Address:**

1217 CAPE CORAL PKWY E #168 CAPE CORAL. FL 33904 US

## FEI Number: 20-8787394

## Name and Address of Current Registered Agent:

JAMES A. CHOUINARD, CPA, LLC 12611 NEW BRITTANY BLVD FT MYERS, FL 33907 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	: JAMES A CHOUINARD			04/29/2018	
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	PRESIDENT	Title	TREASURER		
Name	WILSON, BARBARA J	Name	WILSON, DARLENE		
Address	1217 CAPE CORAL PKWY E #168	Address	1217 CAPE CORAL PKWY E #1	68	
City-State-Zip:	CAPE CORAL FL 33904	City-State-Zip:	CAPE CORAL FL 33904		
Title	SECRETARY	Title	ASSISTANT TREASURER		
Name	WILSON, BRIAN	Name	RAND, JOHN		
Address	1217 CAPE CORAL PKWY E #168	Address	1019 SE 40TH ST. UNIT C		
City-State-Zip: 0	CAPE CORAL FL 33904		••••••		
		City-State-Zip:	CAPE CORAL FL 33904		

Certificate of Status Desired: No

FILED Apr 29, 2018 Secretary of State CC0301628678

Date