

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000011441

**Entity Name:** EMGAGE FOUNDATION, INC.**Current Principal Place of Business:**3425 US HWY 98N  
LAKELAND, FL 33809**Current Mailing Address:**3425 US HWY 98N  
LAKELAND, FL 33809 US**FEI Number: 26-1441032****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MITHA, AMINMOHAMED  
3425 US HWY 98 N  
LAKELAND, FL 33809 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	D
Name	WAHID, KHURRUM
Address	3425 US HWY 98N
City-State-Zip:	LAKELAND FL 33809

Title	D
Name	DURRANI, A.J.
Address	3425 US HWY 98N
City-State-Zip:	LAKELAND FL 33809

Title	D
Name	MITHA, FAROOQ
Address	3425 US HWY 98N
City-State-Zip:	LAKELAND FL 33809

Title	DIRECTOR
Name	ABDUL MUGHEES, CHAUDRI
Address	3425 US HWY 98N
City-State-Zip:	LAKELAND FL 33809

Title	D
Name	MITHA, AMINMOHAMED
Address	3425 US HIGHWAY 98 NORTH
City-State-Zip:	LAKELAND FL 33809

*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: FAROOQ MITHA****DIRECTOR****05/06/2018**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date