

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004203

Entity Name: VENOM FOUNDATION INC.**Current Principal Place of Business:**1660 N. MONROE ST., UNIT 9B
TALLAHASSEE, FL 32303**Current Mailing Address:**P O BOX 38042
TALLAHASSEE, FL 32315 US**FEI Number:** 27-2247978**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LOWERY, JERRELL
3110 OKEEHEEPKEE RD
TALLAHASSEE, FL 32303 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	EXECUTIVE DIRECTOR
Name	LOWERY, JERRELL
Address	3110 OKEEHEEPKEE RD
City-State-Zip:	TALLAHASSEE FL 32303

Title	VP
Name	WHITEHURST, ANTHONY
Address	5628 SIOUX DR
City-State-Zip:	TALLAHASSEE FL 32317

Title	TREASURER
Name	MORGAN-GATES, VICKIE L
Address	2422 ROSEMARY TERRACE
City-State-Zip:	TALLAHASSEE FL 32303

Title	PRESIDENT, TALLAHASSEE
Name	MONGERIE, LENIN
Address	8265 HUNTERS RIDGE TRAIL
City-State-Zip:	TALLAHASSEE FL 32312

Title	FUNDRAISING CHAIRPERSON
Name	PENDER, DEBRA
Address	2945 TEWKESBURY TR
City-State-Zip:	TALLAHASSEE FL 32309-6872

Title	SECRETARY
Name	MORGAN-ROLLINS, CHERYL
Address	480 BROOKE HAMPTON DR
City-State-Zip:	TALLAHASSEE FL 32311

Title	BOARD MEMBER
Name	TOOMBS, MARLON
Address	1571 STONE RD 5C
City-State-Zip:	TALLAHASSEE FL 32303

Title	CONSULTANT
Name	ROSS-DILWORTH, JUANITA
Address	5201 VILLAGE WAY
City-State-Zip:	TALLAHASSEE FL 32303

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: JERRELL LOWERY**EXECUTIVE DIRECTOR****01/27/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date