## 2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# N08000004635

Entity Name: MOMS4GOD, INC.

# **Current Principal Place of Business:**

3501 BESSIE COLEMAN BLVD #23513 TAMPA, FL 33623

## **Current Mailing Address:**

3501 BESSIE COLEMAN BLVD #23513 TAMPA, FL 33623 US

# FEI Number: 26-2460003

### Name and Address of Current Registered Agent:

JANCI DORSEY 3501 BESSIE COLEMAN BLVD. #23513 TAMPA, FL 33625 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                                   | : JANCI DORSEY  |   |   | 03/15/2020 |
|---|---|---|---|------------|
|   | Electronic Signature of Registered Agent                                    |   |   | Date       |
| Officer/Direc                               | ctor Detail :   |   |   |            |
| Title                                       | PD  | Title                                       | VPD   |            |
| Name  | DORSEY, JANCI   | Name  | GRANT, YVONNE   |            |
|   | 3501 BESSIE COLEMAN BLVD.   | Address                                     | 16352 SWAN VIEW CIRCLE  |            |
| City-State-Zip:                             | #23513<br>TAMPA FL 33623  | City-State-Zip:                             | ODESSA FL 33556   |            |
| Title<br>Name<br>Address<br>City-State-Zip: | BM<br>SAWYER, SHIRLEY<br>1139 GRAND AVE<br>SEBRING FL 33870                 | Title<br>Name<br>Address<br>City-State-Zip: | BM<br>SHACHAR, YIRMYAH<br>1015 ASTOR COURT<br>APOPKA FL 32712 |            |
| Title<br>Name<br>Address<br>City-State-Zip: | SECRETARY<br>MODL, EVELYN SECRETARY<br>1001 MEADOW LANE<br>BRANDON FL 33511 |   |   |            |

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.

PRESIDENT

#### SIGNATURE: JANCI RIGBY-DORSEY

Electronic Signature of Signing Officer/Director Detail

# FILED Mar 15, 2020 Secretary of State 0650736570CC

Certificate of Status Desired: No

03/15/2020

Date