

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006165

Entity Name: POSITIVE FLOW FOUNDATION, INC.**Current Principal Place of Business:**550 EAST KENNEDY BLVD
EATONVILLE, FL 32751**Current Mailing Address:**1830 SPRING POND POINT
WINTER SPRINGS, FL 32708 US**FEI Number:** 26-2841857**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WHITE, BRIAN
1830 SPRING POND POINT
WINTER SPRINGS, FL 32708 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	CEO
Name	WHITE, BRIAN
Address	1830 SPRING POND POINT
City-State-Zip:	WINTER SPRINGS FL 32708

Title	DIR
Name	JACKSON, VIRGINIA
Address	500 JEFFREY JAMES WAY
City-State-Zip:	APOPKA FL 32712

Title	SECRETARY
Name	ABDALLAH-NOSAKHERE, LISA M
Address	2909 DELLWOOD AVE.
City-State-Zip:	EUSTIS FL 32726

Title	VP
Name	MCKENDRICK, CHAD
Address	323 E. KENNEDY BLVD.
City-State-Zip:	EATONVILLE FL 32712

Title	TREASURER
Name	DUMAS, MONICA
Address	1362 EDISON TREE RD
City-State-Zip:	APOPKA FL 32712

Title	PRESIDENT
Name	ABUGHAZALEH, ELIAS
Address	404 SANDRINGHAM COURT
City-State-Zip:	WINTER SPRINGS FL 32708

Title	DIRECTOR
Name	JACKSON, GREG
Address	2 S ORANGE AVE. STE 300
City-State-Zip:	ORLANDO FL 32801

Title	DIRECTOR
Name	WHITE, ELOIS
Address	2909 DELLWOOD AVE
City-State-Zip:	EUSTIS FL 32726

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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: BRIAN C WHITE

CEO

04/25/2019

Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	SCONIONS, MARILYN
Address	192 PEOPLES AVE.
City-State-Zip:	EATONVILLE FL 32751