

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009721

Entity Name: PAWSITIVE ACTION FOUNDATION, INC.**Current Principal Place of Business:**5701 LEON TYSON RD
SAINT CLOUD, FL 34771**Current Mailing Address:**5701 LEON TYSON RD
SAINT CLOUD, FL 34771**FEI Number:** 27-3425182**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROSS, NORMA J
5701 LEON TYSON RD
SAINT CLOUD, FL 34771 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:** NORMA ROSS

02/09/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name BRAAK, CINDY
Address 2542 RACCOON RUN LANE
City-State-Zip: ORLANDO FL 32837

Title TREASURER
Name DE LEON, CAROLYN
Address 3190 FOREST BREEZE WAY
City-State-Zip: SAINT CLOUD FL 34771

Title PRESIDENT
Name ROSS, NORMA J
Address 5701 LEON TYSON RD
City-State-Zip: ST CLOUD FL 34771

Title DIRECTOR
Name FORD, DANIELLE
Address 6967 ISLA VISTA DRIVE
City-State-Zip: WEST PALM BEACH FL 33412

Title SECRETARY
Name BROOKS, LYNN C
Address 3309 POND PINE ROAD
City-State-Zip: HARMONY FL 34773

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: CAROLYN DE LEON

TREASURER

02/09/2015

Electronic Signature of Signing Officer/Director Detail

Date