

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000009194

Entity Name: STRENGTHENING OUR SONS INC.**Current Principal Place of Business:**5104 N ORANGE BLOSSOM TRAIL
SUITE #121
ORLANDO, FL 32810**Current Mailing Address:**5104 N. ORANGE BLOSSOM TRAIL
SUITE #121
ORLANDO, FL 32810 US**FEI Number:** 61-1604418**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HOLT, TAMMIE R
2783 BOLZANO DRIVE
APOPKA, FL 32712 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:** TAMMIE R. HOLT**03/21/2021**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	CEO
Name	HOLT, TAMMIE R
Address	5104 N. ORANGE BLOSSOM TRAIL #121
City-State-Zip:	ORLANDO FL 32810

Title	OTHER
Name	CHRISTOPHER, HOLT
Address	5104 N. ORANGE BLOSSOM TRAIL #121
City-State-Zip:	ORLANDO FL 32810

Title	SECRETARY
Name	BALLARD, SONYA
Address	5104 N ORANGE BLOSSOM TRAIL #121
City-State-Zip:	ORLANDO FL 32810

Title	CHAIRMAN
Name	WALKER, CARL
Address	5104 N ORANGE BLOSSOM TRAIL SUITE #121
City-State-Zip:	ORLANDO FL 32810

Title	OFFICER
Name	ANTHONY-SMITH, CORETTA ESQ.
Address	5401 S. KIRKLAND RD. SUIT #610
City-State-Zip:	ORLANDO FL 32819

Title	VC
Name	JOHNSON, TROY III
Address	5104 N ORANGE BLOSSOM TRAIL SUITE #121
City-State-Zip:	ORLANDO FL 32810

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: TAMMIE HOLT**CEO/DIRECTOE****03/21/2021**

Electronic Signature of Signing Officer/Director Detail

Date