

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000000474

**FILED**  
**Apr 07, 2023**  
**Secretary of State**  
**6959573340CC**

**Entity Name:** IMAGINA CHILDREN'S FOUNDATION, INC

**Current Principal Place of Business:**

4905 REGENCY CIR  
BOCA RATON, FL 33434

**Current Mailing Address:**

4905 REGENCY CIR  
BOCA RATON, FL 33434 US

**FEI Number: 80-0185403**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CAMARENA, LOURDES  
4905 REGENCY CIR  
BOCA RATON, FL 33434 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            PRESIDENT  
Name            CAMARENA, LOURDES  
Address        4905 REGENCY CIR  
City-State-Zip: BOCA RATON FL 33434

Title            SECRETARY  
Name            ADAM, TANAKA  
Address        3112 SE 1ST COURT  
City-State-Zip: BOYNTON BEACH FL 33435

Title            VP  
Name            JARAMILLO, ALEJANDRO  
Address        21354 GOSIER WAY  
City-State-Zip: BOCA RATON FL 33428

Title            TREASURER  
Name            NOE, CHRISTOPHER  
Address        6343 SKY SONG LANE  
City-State-Zip: KNOXVILLE TN 37914

Title            DIRECTOR  
Name            MASSETTA, ANDREA  
Address        2402 NW 32ND STREET  
City-State-Zip: BOCA RATON FL 33431

Title            DIRECTOR  
Name            CAMARENA, HERMAN DE JESUS  
Address        4905 REGENCY CIR  
City-State-Zip: BOCA RATON FL 33434

Title            DIRECTOR  
Name            MARTINEZ, SYLVIA  
Address        4905 REGENCY CIR  
City-State-Zip: BOCA RATON FL 33434

*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: LOURDES CAMARENA**

**PRESIDENT**

**04/07/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date