

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000000474

FILED
Feb 23, 2022
Secretary of State
8146203676CC

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 VERGARA, MARIA
Address 4001 NORTH OCEAN BLVD
 APT #801
City-State-Zip: BOCA RATON FL 33431

Title TREASURER
Name EVAN-HERNANDEZ, CLAUDIA
Address 9508 LAKE SERENA DRIVE
City-State-Zip: BOCA RATON FL 33496

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

Title DIRECTOR
Name VILLALOBOS, RICARDO
Address 1222 267TH PL SE
City-State-Zip: SAMMAMISH WA 98075

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

Continues on page 2

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: TANAKA ADAM

SECRETARY

02/23/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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