

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000005066

Entity Name: CENTER FOR SOCIAL CHANGE, INC.**Current Principal Place of Business:**2103 CORAL WAY
SUITE 200
MIAMI, FL 33145**Current Mailing Address:**2103 CORAL WAY
SUITE 200
MIAMI, FL 33145**FEI Number:** 27-2966443**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BURDETTE, WILLIAM
2103 CORAL WAY
SUITE 200
MIAMI, FL 33145 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, CHAIRMAN, SECRETARY
Name	BURDETTE, WILLIAM R
Address	2103 CORAL WAY #200
City-State-Zip:	MIAMI FL 33145

Title	TREASURER, DIRECTOR
Name	ESHER, ALEXANDRA
Address	2103 CORAL WAY #200
City-State-Zip:	MIAMI FL 33145

Title	DIRECTOR
Name	BURDETTE, KATHERINE L
Address	2103 CORAL WAY #200
City-State-Zip:	MIAMI FL 33145

Title	CFO
Name	NEGREIRA, LOURDES
Address	2103 CORAL WAY SUITE 200
City-State-Zip:	MIAMI FL 33145

Title	DIRECTOR
Name	SANDERSON, TARSHEA
Address	2103 CORAL WAY SUITE 200
City-State-Zip:	MIAMI FL 33145

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: WILLIAM R BURDETTE**PRESIDENT****05/01/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date