

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000007628

**Entity Name:** JAYLENS CHALLENGE FOUNDATION, INC.**Current Principal Place of Business:**PO 93653  
LAKELAND, FL 33804**Current Mailing Address:**P.O. BOX 93653  
LAKELAND, FL 33804**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ARNOLD, JAYLEN M  
PO 93653  
LAKELAND, FL 33804 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	ED/P
Name	ARNOLD, ROBIN
Address	P.O. BOX 93653
City-State-Zip:	LAKELAND FL 33804

Title	BM
Name	MIHOK, DASHIELL
Address	P.O. BOX 93653
City-State-Zip:	LAKELAND FL 33804

Title	BM
Name	BRANDT, EDWARD P.A.
Address	P.O. BOX 93653
City-State-Zip:	LAKELAND FL 33810

Title	BM
Name	WILLIAMS, MERITA L
Address	P.O. BOX 93653
City-State-Zip:	LAKELAND FL 33804

Title	BM
Name	ROJEK, ANTHONY
Address	P.O. BOX 93653
City-State-Zip:	LAKELAND FL 33804

Title	CHIEF PHILANTHROPIC OFFICER
Name	ARNOLD, JAYLEN
Address	P.O. BOX 93653
City-State-Zip:	LAKELAND FL 33804

*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: ROBIN ARNOLD****ED****03/08/2019**

Electronic Signature of Signing Officer/Director Detail

Date