

2022 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 33804Title BM
Name MIHOK, DASHIELL
Address P.O. BOX 93653
City-State-Zip: LAKELAND FL 33804Title BM
Name BRANDT, EDWARD P.A.
Address P.O. BOX 93653
City-State-Zip: LAKELAND FL 33810Title BM
Name WILLIAMS, MERITA L
Address P.O. BOX 93653
City-State-Zip: LAKELAND FL 33804Title BM
Name ROJEK, ANTHONY
Address P.O. BOX 93653
City-State-Zip: LAKELAND FL 33804Title 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

04/28/2022

Electronic Signature of Signing Officer/Director Detail_____
Date