

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000008431

Entity Name: IDEAS FOR US, INC**Current Principal Place of Business:**1030 WEST KALEY AVE.
ORLANDO, FL 32805**Current Mailing Address:**1030 WEST KALEY AVE.
ORLANDO, FL 32805 US**FEI Number:** 27-3999166**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FERRARA, CLAYTON LOUIS
1808 HAMMERLIN AVE.
WINTER PARK, FL 32789 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:** CLAYTON LOUIS FERRARA

02/22/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name CASTRO, CHRISTOPHER D
Address 5331 GOLDENWOOD DR.
City-State-Zip: ORLANDO FL 32817

Title BOARD MEMBER
Name GOLDMAN, STEVE
Address 2009 VENETIAN WAY
City-State-Zip: WINTER PARK FL 32789

Title BOARD MEMBER
Name SEYDEL, JOHN RUTHERFORD
Address 355 PEACHTREE BATTLE AVE.
City-State-Zip: ATLANTA GA 30305

Title TREASURER
Name MCNEMAR, GEORGE KYLAN
Address 1021 FLECK AVENUE
City-State-Zip: ORLANDO FL 32804

Title DIRECTOR
Name BENIVIDAS, JEFF
Address 856 WESSEX PLACE
City-State-Zip: ORLANDO FL 32803

Title SECRETARY
Name ROLLINGS, ERIC
Address 139 EAST MURIEL ST.
City-State-Zip: ORLANDO FL 32806

Title DIRECTOR
Name ODOYO, PATRICK
Address 1030 WEST KALEY AVE.
City-State-Zip: ORLANDO FL 32805

Title DIRECTOR
Name BURROUGHS, REGINALD
Address 1030 WEST KALEY AVE.
City-State-Zip: ORLANDO FL 32805

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: CHRISTOPHER CASTRO

PRESIDENT

02/22/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name KRAMER, LES
Address 1030 WEST KALEY AVE.
City-State-Zip: ORLANDO FL 32805

Title VP
Name PERRY, LEE
Address 1030 WEST KALEY AVE.
City-State-Zip: ORLANDO FL 32805