

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000008671

Entity Name: MOTIVATED, UNIFIED SOUND IMPACTING COMMUNITIES,INC.**Current Principal Place of Business:**180 NW 15TH PLACE
POMPANO BEACH, FL 33060**Current Mailing Address:**180 NW 15TH PLACE
POMPANO BEACH, FL 33060 US**FEI Number: 27-3474605****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROBINSON - BURNS, ETHEL M
180 NW 15TH PLACE
POMPANO BEACH, FL 33060 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	P
Name	ROBINSON-BURNS, ETHEL M
Address	180 NW 15TH PLACE
City-State-Zip:	POMPANO BEACH FL 33060

Title	VP, SECRETARY
Name	HICKS, DENISE E
Address	326 NW 2ND AVENUE
City-State-Zip:	DEERFIELD BEACH FL 33441

Title	DIRECTOR
Name	RHONE, JANIE
Address	3552 SAHARA SPRING
City-State-Zip:	POMPANO BEACH FL 33069

Title	TREASURER
Name	BAKER, ANDRIA
Address	2561 NE 14TH TERRACE
City-State-Zip:	POMPANO BEACH FL 33064

Title	DIRECTOR
Name	PRESIDENT-ELIAZAR, MELQUILETTE
Address	977 N. POWERLINE ROAD
City-State-Zip:	POMPANO BEACH FL 33069

Title	DIRECTOR
Name	RHONE, CAROLYN
Address	780 NW 23RD TERRACE
City-State-Zip:	POMPANO BEACH FL 33069

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: ETHEL M ROBINSON-BURNS**PRESIDENT****02/04/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date