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: SONIA V. RAYMUND	DIRECTOR	04/19/2022		

SIGNATURE: SONIA V. RAYMUND

Electronic Signature of Signing Officer/Director Detail

SIGNATURE: SONIA V. RAYMUND 04/19/2022 Electronic Signature of Registered Agent

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.

### **Officer/Director Detail :**

D	C	Title	DIRECTOR
ne R	RAYMUND, SONIA	Name	CECALA, JOHELYS
ress 6	6 BRIGHTWATERS CIRCLE NE	Address	121 CROSSTIMBER WAY
State-Zip: S	ST. PETERSBURG FL 33704	City-State-Zip:	FREDERICK MD 21702
П	DIRECTOR		
_			
	,		
ress 34	341 CAMBRIDGE ROAD		
State-Zip: P	PLYMOUTH MEETING PA 19462		
State-Zip: S D ne H ress 34	ST. PETERSBURG FL 33704 DIRECTOR HIGHLAND, RACHELLE 341 CAMBRIDGE ROAD		

FEI Number: 45-3751124

**6 BRIGHTWATERS CIRCLE NE** ST. PETERSBURG. FL 33704 US

**Current Principal Place of Business:** 

# Name and Address of Current Registered Agent:

RAYMUND, SONIA V 6 BRIGHTWATERS CIRCLE NE ST. PETERSBURG, FL 33704 US

**6 BRIGHTWATERS CIRCLE NE** ST. PETERSBURG, FL 33704

**Current Mailing Address:** 

## 2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# N11000010321

Entity Name: SONIA RAYMUND FOUNDATION, INC.

Certificate of Status Desired: No

FILED Apr 19, 2022 Secretary of State 8968424081CC

04/19/2022

Date

Date