

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000011070

**Entity Name:** THE TRANSFORMATION CENTER, INC.**Current Principal Place of Business:**9820 BAY PLAZA BLVD.  
SUITE 724  
TAMPA, FL 33619**Current Mailing Address:**C/O PASTOR ODANE JAMES  
3410 CASTLE STONE COURT  
VALRICO, FL 33594 US**FEI Number:** 45-3859448**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**JAMES, ODANE  
3410 CASTLE STONE COURT  
VALRICO, FL 33594 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:** ODANE JAMES

04/23/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT
Name	JAMES, ODANE
Address	3410 CASTLE STONE COURT
City-State-Zip:	VALRICO FL 33594

Title	TRUSTEE
Name	JAMES, DAFTON
Address	1503 SW 161 AVE
City-State-Zip:	PEMBROKE PINES FL 33027

Title	VP
Name	JAMES, TIFFANY
Address	3410 CASTLE STONE COURT
City-State-Zip:	VALRICO FL 33594

Title	SECRETARY
Name	HENRY, ADERICA
Address	2222 ARROWGRASS DRIVE BUILDING 17 APARTMENT 102
City-State-Zip:	WESLEY CHAPEL FL 33544

Title	DIRECTOR
Name	SCOTT, PERNELL
Address	2002 DERBYWOOD DRIVE
City-State-Zip:	BRANDON FL 33510

Title	TREASURER
Name	ALVARADO, SONIA
Address	6314 HORSE MILL PLACE
City-State-Zip:	PALMETTO FL 34221

*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:** ODANE JAMES

CEO

04/23/2021

Electronic Signature of Signing Officer/Director Detail

Date