

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000011452

FILED
Jan 13, 2018
Secretary of State
CC6250848857

Entity Name: BEAT AFTER BEAT FOUNDATION, INC.

Current Principal Place of Business:

5 TAMPA GENERAL CIR.
#820
TAMPA, FL 33606

Current Mailing Address:

5 TAMPA GENERAL CIRCLE
#820
SARASOTA, FL 33606 US

FEI Number: 45-4045036

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LORI, ANDERSON
5 TAMPA GENERAL CIR.
#820
TAMPA, FL 33606 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: LORI ANDERSON

01/13/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name LORI ANDERSON
Address 6421 65TH STREET N.
City-State-Zip: PINELLAS PARK FL 33606

Title SECRETARY
Name CARPENTER, KATHRYN
Address 5 TAMPA GENERAL CIR.
#820
City-State-Zip: TAMPA FL 33606

Title TREASURER
Name STEWART, SANDRA
Address 5524 BILBAO PL
City-State-Zip: SARASOTA FL 34238

Title DIRECTOR
Name BLACK, LARRY
Address 5 TAMPA GENERAL CIR.
#820
City-State-Zip: TAMPA FL 33606

Title DIRECTOR
Name STEWART, DON
Address 5524 BILBAO PL
City-State-Zip: SARASOTA FL 34238

Title MS
Name DEWHURST, SUSAN
Address 5 TAMPA GENERAL CIRCLE
#820
City-State-Zip: SARASOTA FL 33606

Title MR
Name LEFLER, DAN
Address 223 LAKEWAY LN
City-State-Zip: APOLLO BEACH FL 33572

Title MS
Name LEFLER, CHRISTINE
Address 223 LAKEWAY LN
City-State-Zip: APOLLO BEACH FL 33572

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: SANDRA STEWART

TREASURER

01/13/2018

Electronic Signature of Signing Officer/Director Detail

Date