

**2023 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N11000011452

**Entity Name:** BEAT AFTER BEAT FOUNDATION, INC.

**Current Principal Place of Business:**

5 TAMPA GENERAL CIR.  
HMT SUITE 500  
TAMPA, FL 33606

**FILED**  
**Sep 20, 2023**  
**Secretary of State**  
**6710695079CR**

**Current Mailing Address:**

5 TAMPA GENERAL CIRCLE  
HMT SUITE 500  
TAMPA, 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.  
HMT SUITE 500  
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

09/20/2023

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            VP  
Name            VANWAGNER, WILLIAM  
Address        5 TAMPA GENERAL CIR.  
                  HMT SUITE 500  
City-State-Zip: TAMPA FL 33606

Title            TREASURER  
Name            STEWART, SANDRA  
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            SECRETARY  
Name            LEFLER, CHRISTINE  
Address        223 LAKEWAY LN  
City-State-Zip: APOLLO BEACH FL 33572

Title            VP  
Name            VANWAGNER, WILLIAM  
Address        205 STARHELL DR  
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:** LORI ANDERSON

**REGISTERED  
AGENT/PRESIDENT**

09/20/2023

Electronic Signature of Signing Officer/Director Detail

Date