

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000005964

**Entity Name:** REDLAND AHEAD, INC.

**Current Principal Place of Business:**

22290 SW 266 ST  
HOMESTEAD, FL 33031

**Current Mailing Address:**

22290 SW 266 ST  
HOMESTEAD, FL 33031 US

**FEI Number:** 46-3449308

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BRYN & ASSOCIATES, P.A.  
2 S BISCAYNE BLVD SUITE 2680  
MIAMI, FL 33131 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 SECRETARY  
Name MILLS, YOLANDA  
Address 22290 SW 266 ST  
City-State-Zip: HOMESTEAD FL 33031

Title CHAIRMAN  
Name WINNER, DEAN  
Address 22290 SW 266 ST  
City-State-Zip: HOMESTEAD FL 33031

Title DIRECTOR  
Name MILLS, MARC  
Address 22290 SW 266 ST  
City-State-Zip: HOMESTEAD FL 33031

Title DIRECTOR  
Name BRYN, MARK  
Address 22290 SW 266 ST  
City-State-Zip: HOMESTEAD FL 33031

Title PRESIDENT  
Name PHILLIPS, TYRA  
Address 22290 SW 266 ST  
City-State-Zip: HOMESTEAD FL 33031

Title CFO  
Name MILLS, YOLANDA  
Address 22290 SW 266 ST  
City-State-Zip: HOMESTEAD FL 33031

Title VC  
Name HANESWORTH, BILL  
Address 22290 SW 266 ST  
City-State-Zip: HOMESTEAD FL 33031

Title DIRECTOR  
Name MILLS, JOHN  
Address 22290 SW 266 ST  
City-State-Zip: HOMESTEAD FL 33031

**Continues on page 2**

*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:** YOLANDA MILLS

CFO

04/30/2023

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            COO  
Name            ADAMS, KEN  
Address        22290 SW 266 ST  
City-State-Zip:  HOMESTEAD FL 33031