

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000011108

Entity Name: FORGE FOUNDATION, INC.

Current Principal Place of Business:

9480 BYRON AVENUE
SURFSIDE, FL 33154

FILED
Jan 19, 2020
Secretary of State
0186491597CC

Current Mailing Address:

9480 BYRON AVENUE
SURFSIDE, FL 33154 US

FEI Number: 46-3738235

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WOODS, CASEY
9480 BYRON AVENUE
SURFSIDE, FL 33154 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: CASEY WOODS

01/19/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name MINKIN, SAMARA
Address 1030 AUSTIN AVE.
City-State-Zip: ATLANTA GA 30307

Title SECRETARY
Name HUGHES, LAURA
Address 28 SE 28TH AVE, UNIT 408
City-State-Zip: PORTLAND OR 97214

Title TREASURER
Name O'DONNELL, MAURA
Address 5900 COLLINS AVENUE, APT 1607
City-State-Zip: MIAMI BEACH FL 33140

Title DIRECTOR
Name SIMMONS, GINNY
Address 1650 HARVARD ST. NW, APT 408
City-State-Zip: WASHINGTON DC 20009

Title DIRECTOR
Name LYNCH, STACI
Address 662 BROWNWOOD AVE SE
City-State-Zip: ATLANTA GA 30316

Title DIRECTOR
Name BRUNT, KENNETH
Address 113 ELECTRIC AVENUE, #2
City-State-Zip: VENICE CA 90291

Title DIRECTOR
Name NATHAN, DANIEL
Address 1412 GERANIUM ST. NW
City-State-Zip: WASHINGTON DC 20012

Title DIRECTOR
Name FU, KATHERINE
Address 1024 AUSTIN AVE NE
City-State-Zip: ATLANTA GA 30307

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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: MAURA O'DONNELL

TREASURER

01/19/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title PRESIDENT

Name RITZ, MIKE

Address 134 MESSER STREET

City-State-Zip: PROVIDENCE RI 02909