

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000000048

Entity Name: MOTHERS STANDING IN THE GAP, INC**Current Principal Place of Business:**7901 BAYMEADOWS CIRCLE E
APT 467
JACKSONVILLE, FL 32256**Current Mailing Address:**PO BOX 10344
JACKSONVILLE, FL 32247**FEI Number:** 46-2062676**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LEVERETT, CASSANDRA
7901 BAYMEADOWS CIRCLE E
APT 467
JACKSONVILLE, FL 32256 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	D
Name	JOHNSON, ANN
Address	12321 BUCKS HARBOR DRIVE S.
City-State-Zip:	JACKSONVILLE FL 32225

Title	D
Name	GARDNER, ANITA
Address	2242 BRISTOL SPRING COURT
City-State-Zip:	JACKSONVILLE FL 32246

Title	PD
Name	LEVERETT, CASSANDRA
Address	7901 BAYMEADOWS CIRCLE E, APT. 467
City-State-Zip:	JACKSONVILLE FL 32256

Title	CEO
Name	LEVERETT, CASSANDRA
Address	7901 BAYMEADOWS CIRCLE E, APT. 467
City-State-Zip:	JACKSONVILLE FL 32256

Title	D
Name	LEVERETT, BOBBY
Address	7901 BAYMEADOWS CIRCLE E, APT. 467
City-State-Zip:	JACKSONVILLE FL 32256

Title	D
Name	BROWN, SHONSIERAE
Address	1692 HIDDEN FOREST LN
City-State-Zip:	JACKSONVILLE FL 32225

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: CASSANDRA LEVERETT

CEO

03/01/2020

Electronic Signature of Signing Officer/Director Detail

Date