## 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000002084

Entity Name: AIRCOOLED FOR CHARITY, INC.

**Current Principal Place of Business:** 

4420 BEACON CIRCLE, SUITE 100 WEST PALM BEACH. FL 33407

**Current Mailing Address:** 

4420 BEACON CIRCLE, SUITE 100 WEST PALM BEACH, FL 33407

FEI Number: 46-5021303 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WARD DAMON BUSINESS SERVICES, LLC 4420 BEACON CIRCLE, SUITE 100 WEST PALM BEACH, FL 33407 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

**FILED** Feb 01, 2018

**Secretary of State** 

CC8711067748

Officer/Director Detail:

Title Title

POSNER, MICHAEL J Name HOPPE, CHUCK Name

4420 BEACON CIRCLE, SUITE 100 Address 4420 BEACON CIRCLE, SUITE 100 Address

City-State-Zip: WEST PALM BEACH FL 33407 WEST PALM BEACH FL 33407 City-State-Zip:

Title Т Title V

Name DILL, RODGER Name SHANNON, ED

Address 4420 BEACON CIRCLE, SUITE 100 Address 4420 BEACON CIRCLE, SUITE 100 WEST PALM BEACH FL 33407 City-State-Zip: City-State-Zip: WEST PALM BEACH FL 33407

Title S

LEASURE, RICK Name

4420 BEACON CIRCLE, SUITE 100 Address City-State-Zip: WEST PALM BEACH FL 33407

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: MICHAEL J POSNER

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

02/01/2018 Date