

2021 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**Officer/Director Detail :**

Title	P
Name	POSNER, MICHAEL J
Address	4420 BEACON CIRCLE, SUITE 100
City-State-Zip:	WEST PALM BEACH FL 33407

Title	V
Name	HOPPE, CHUCK
Address	4420 BEACON CIRCLE, SUITE 100
City-State-Zip:	WEST PALM BEACH FL 33407

Title	V
Name	SHANNON, ED
Address	4420 BEACON CIRCLE, SUITE 100
City-State-Zip:	WEST PALM BEACH FL 33407

Title	T
Name	DILL, RODGER
Address	4420 BEACON CIRCLE, SUITE 100
City-State-Zip:	WEST PALM BEACH FL 33407

Title	S
Name	LEASURE, RICK
Address	4420 BEACON CIRCLE, SUITE 100
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**MGR****03/19/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date