**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Jan 29, 2020**
**Secretary of State**
**1740370288CC**

DOCUMENT# N14000002521

**Entity Name:** NONPROFITORGANIZATIONGROUP INC.

**Current Principal Place of Business:**

16499 NE 19TH AVENUE SUITE 108
NORTH MIAMI BEACH, FL 33162

**Current Mailing Address:**

P.O BOX 601451
NORTH MIAMI BEACH, FL 33162 US

**FEI Number: 46-5107319**

**Certificate of Status Desired:** Yes

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

RODRIGUEZ, I ISABEL
16499 NE 19TH AVENUE SUITE 108
NORTH MIAMI BEACH, FL 33162 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 | Title | D |
| Name | RODRIGUEZ, I ISABEL | Name | JONES, STANLEY |
| Address | 16499 NE 19TH AVENUE SUITE 108 | Address | 16499 NE 19TH AVENUE SUITE 108 |
| City-State-Zip: | NORTH MIAMI BEACH FL 33162 | City-State-Zip: | NORTH MIAMI BEACH FL 33162 |
| Title | D | Title | D |
| Name | MOJICA, MARIA A | Name | MOJICA, MARIA I |
| Address | 16499 NE 19TH AVENUE SUITE 108 | Address | 16499 NE 19TH AVENUE SUITE 108 |
| City-State-Zip: | NORTH MIAMI BEACH FL 33162 | City-State-Zip: | NORTH MIAMI BEACH FL 33162 |

*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: I ISABEL RODRIGUEZ PRESIDENT 01/29/2020

Electronic Signature of Signing Officer/Director Detail — Date