

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000003050

**Entity Name:** ABCD FAMILY CHARITY INC

**Current Principal Place of Business:**

1955 19TH STREET #12  
SARASOTA, FL 34230

**Current Mailing Address:**

PO BOX 1282  
SARASOTA, FL 34230 US

**FEI Number:** 46-5363390

**Certificate of Status Desired:** Yes

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

WILLIAMS, CHARLIE L SR  
8267 ROCKWELL AVE  
NORTHPORT, FL 34283 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:** CHARLIE L WILLIAMS

01/31/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRES  
Name            THOMAS RODGERS, JOY J  
Address        8267 ROCKWELL AVENUE  
City-State-Zip: NORTH PORT FL 34291

Title            VP  
Name            TIMMONS, ANNIELLE T  
Address        8267 ROCKWELL AVENUE  
City-State-Zip: NORTH PORT FL 34283

Title            TRES  
Name            THOMAS, BRIENNE S  
Address        4487 BRODEL AVENUE  
City-State-Zip: NORTHPORT FL 34286

Title            SEC  
Name            POOLE, LUANNA  
Address        5897 TALBROOK ROAD  
City-State-Zip: NORTHPORT FL 34287

Title            MGR  
Name            WILLIAMS, CHARLIE L SR  
Address        8267 ROCKWELL AVE  
City-State-Zip: NORTHPORT FL 34283

Title            PROGRAMS MANAGER  
Name            WARE, STACEY L  
Address        4487 BRODEL AVENUE  
City-State-Zip: NORTHPORT FL 34286

*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:** CHARLIE WILLIAMS

MGR

01/31/2022

Electronic Signature of Signing Officer/Director Detail

Date