

2024 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

04/30/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name THOMAS, DEON 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 WARE, STACEY S
Address P.O. BOX 1283
City-State-Zip: SARASOTA FL 34230

Title SEC
Name WARE, STACEY
Address P.O. BOX 1283
City-State-Zip: SARASOTA FL 34230

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

Title PROGRAMS MANAGER
Name WILLIAMS, CHARLIE L
Address 8267 ROCKWELL AVENUE
City-State-Zip: NORTH PORT FL 34291

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

PROGRAMS MANAGER

04/30/2024

Electronic Signature of Signing Officer/Director Detail

Date