

2021 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

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:** No**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

12/21/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRES
Name	THOMAS, DEON J
Address	3235 CYPRESS LEGENDS CIRCLE #338
City-State-Zip:	FT. MYERS, FL FL 33905

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

Title	TRES
Name	THOMAS, BRIENNE S
Address	5897 TALBROOK ROAD
City-State-Zip:	NORTHPORT FL 34287

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

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 L WILLIAMS

MANAGER

12/21/2021

Electronic Signature of Signing Officer/Director Detail

Date