

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000007247

Entity Name: HAROLD LEFTY WILLIAMS DARE2DREAM FOUNDATION, INC.**Current Principal Place of Business:**2540 FL-GA HWY
HAVANA, FL 32333**Current Mailing Address:**6107 MEADOW ROSE LN
CHARLOTTE, NC 28215**FEI Number:** 47-1916040**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILLIAMS, HAROLD
2540 FL-GA HWY
HAVANA, FL 32333 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 CP
Name WILLIAMS, HAROLD
Address 6107 MEADOW ROSE LN
City-State-Zip: CHARLOTTE NC 28215

Title CT
Name WILLIAMS, SHYNEEFA
Address 6107 MEADOW ROSE LN
City-State-Zip: CHARLOTTE NC 28215

Title D
Name PEOPLES, LARICE
Address 13807 OXNARD STREET
4
City-State-Zip: VAN NUYS CA 91401

Title D
Name HOWARD, DUANE
Address PO BOX 1853
City-State-Zip: NEW YORK NY 10027

Title D
Name LEAPHART, EVAN
Address 117 NE 1ST AVE.
City-State-Zip: MIAMI FL 33132

Title SECRETARY
Name RODEN, MELODIE
Address 14030 MARGATE STREET
City-State-Zip: SHERMAN OAKS CA 91423

Title D
Name LANG, HERBERT
Address 3320 GULF CITY RD.
City-State-Zip: RUSKIN FL 33570

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: HAROLD WILLIAMS

CP

04/30/2022

Electronic Signature of Signing Officer/Director Detail

Date