

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000011249

Entity Name: SHAPE FLORIDA - SOCIETY OF HEALTH AND PHYSICAL
EDUCATORS INC

Current Principal Place of Business:

798 FOXHOUND DRIVE
PORT ORANGE, FL 32128

Current Mailing Address:

798 FOXHOUND DRIVE
PORT ORANGE, FL 32128 US

FEI Number: 59-6141926

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

NEWNAM, HOLLIE M
798 FOXHOUND DRIVE
PORT ORANGE, FL 32128 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: HOLLIE M. NEWNAM

01/03/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PAST PRESIDENT

Name DROST, DANIEL

Address 2597 COVE ROAD

City-State-Zip: NAVAREE FL 32566

Title PRESIDENT

Name STRAIN, GALE

Address 6150 BRYNWOOD STREET

City-State-Zip: ORLANDO FL 32822

Title PRESIDENT ELECT

Name CROWLEY, HEATHER

Address 9097 EMMA JEAN CT

City-State-Zip: JACKSONVILLE FL 32211

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: GALE STRAIN

PRESIDENT

01/03/2019

Electronic Signature of Signing Officer/Director Detail

Date