

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000001464

**Entity Name:** THE SHOELACE FOUNDATION, INC.

**Current Principal Place of Business:**

50 NORTH LAURA STREET, 41ST FLOOR  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

P.O. BOX 551029  
JACKSONVILLE, FL 32255

**FEI Number:** 47-3189249

**Certificate of Status Desired:** No

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

NELSON MULLINS RILEY & SCARBOROUGH, L.L.P.  
ATTN: KELLY E. DUNN  
50 NORTH LAURA STREET, 41ST FLOOR  
JACKSONVILLE, FL 32202 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 D/FOUNDER  
Name ROBINSON, DENARD  
Address P.O. BOX 551029  
City-State-Zip: JACKSONVILLE FL 32255

Title D/PRESIDENT  
Name JAMES, COURTNEE  
Address P.O. BOX 551029  
City-State-Zip: JACKSONVILLE FL 32255

Title D/TREASURER  
Name ROBINSON, DANIEL  
Address P.O. BOX 551029  
City-State-Zip: JACKSONVILLE FL 32255

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:** COURTNEE JAMES

**PRESIDENT**

**04/15/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date