

2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N15000005089

Entity Name: WEHAVEAFACE.ORG INC.

Current Principal Place of Business:

7035 BRANCH COURT
SAINT CLOUD, FL 34771

Current Mailing Address:

7035 BRANCH COURT
SAINT CLOUD, FL 34771 US

FEI Number: 47-4075248

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
5575 S. SEMORAN BLVD.
SUITE 36
ORLANDO,, FL 32822 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 FOUNDER
Name VALVANO, JAMES
Address 7035 BRANCH COURT
City-State-Zip: SAINT CLOUD FL 34771

Title TREASURER
Name GERIG, ANTOINETTE
Address 7035 BRANCH COURT
City-State-Zip: SAINT CLOUD FL 34771

Title SECRETARY
Name CATALDI, ROSEMARY
Address 7035 BRANCH COURT
City-State-Zip: SAINT CLOUD FL 34771

Title DIRECTOR OF
 MARKETING/COMMUNITY RELATIONS
Name VALVANO, CRTSTAL A
Address 7035 BRANCH COURT
City-State-Zip: SAINT CLOUD FL 34771

Title PRESIDENT
Name TORRINGTON, IAN V
Address 7035 BRANCH COURT
City-State-Zip: SAINT CLOUD FL 34771

Title DIRECTOR OF PATIENT ADVOCACY
Name ROBERTSON, MARY ETTA
Address 7035 BRANCH COURT
City-State-Zip: SAINT CLOUD FL 34771

Title DIRECTOR OF EDUCATION
Name NEBLETT, CANDICE M.
Address 7035 BRANCH COURT
City-State-Zip: SAINT CLOUD FL 34771

Title VP
Name MEDINA, DANIEL
Address 7035 BRANCH COURT
City-State-Zip: SAINT CLOUD FL 34771

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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: JAMES VALVANO

FOUNDER

06/13/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR OF EVENT OPERATIONS
Name PULLIAM, JAMES
Address 7035 BRANCH COURT
City-State-Zip: SAINT CLOUD FL 34771

Title DIRECTOR OF PATIENT ADVOCACY
ASSISTANCE
Name SPEARS, KIMBERLY
Address 7035 BRANCH COURT
City-State-Zip: SAINT CLOUD FL 34771

Title DIRECTOR OF COMMUNITY EVENTS
Name VISCIANO, MADELINE
Address 7035 BRANCH COURT
City-State-Zip: SAINT CLOUD FL 34771

Title DIRECTOR OF REGIONAL ADVOCACY
AND COMMUNITY DEVELOPMENT
Name ZACHARY, CRYSTAL
Address 7035 BRANCH COURT
City-State-Zip: SAINT CLOUD FL 34771