Entity Name: SOARING BUTTERFLIES FOR TURNER SYNDROME, INC.		
Current Principal Place of Business:		
12751 SW 56TH STREET SOUTHWEST RANCHES, FL 33330		
Current Mailing Address:		
12751 SW 56TH STREET SOUTHWEST RANCHES, FL 33330 US		
FEI Number: 47-4887833 Certificate of Certificate o		
Name and Address of Current Registered Agent:		
HAY, DARLENE 12751 SW 56TH STREET SOUTHWEST RANCHES, FL 33330 US		
The above named entity submits this statement for the number of changing its registered office or registered agent or both		

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N1500007265

Entity Name: SOARING BUITTERELIES FOR TURNER SYNDROME INC

FILED Apr 15, 2024 Secretary of State 4047209497CC

of Status Desired: No

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

Officer/Director Detail :

	Title	TREASURER	Title	FP		
	Name	DEMARZO, JEANNIE	Name	HAY, DARLENE		
	Address	8971 NW 13 COURT	Address	12751 SW 56TH STREET		
	City-State-Zip:	CORAL SPRINGS FL 33071	City-State-Zip:	SOUTHWEST RANCHES FL 33330		
	Title	FVP	Title	SECRETARY		
	Name	WOODS, VERONICA	Name	MOSQUERA, LILLIANA		
	Address	5615 KEATON SPRINGS DRIVE	Address	9132 SOUTHERN ORCHARD ROAD N		
	City-State-Zip:	LAKELAND FL 33811	City-State-Zip:	DAVIE FL 33328		
	Title	DIRECTOR	Title	DIRECTOR		
	Name	WOODS, MARCUS	Name	RIVERA, NICOLE		
	Address	5615 KEATON SPRINGS DRIVE	Address	3282 CORAL RIDGE DRIVE		
	City-State-Zip:	LAKELAND FL 33811	City-State-Zip:	CORAL SPRINGS FL 33065		

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: VERONICA WOODS

FVP

Date

Electronic Signature of Signing Officer/Director Detail