2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000007265

Entity Name: SOARING BUTTERFLIES FOR TURNER SYNDROME, INC.

FILED Apr 21, 2021 **Secretary of State** 6935424064CC

Date

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 Status Desired: No

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 purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **TREASURER** Title FΡ

DEMARZO, JEANNIE HAY, DARLENE Name Name

8971 NW 13 COURT 12751 SW 56TH STREET Address Address

City-State-Zip: SOUTHWEST RANCHES FL 33330 CORAL SPRINGS FL 33071 City-State-Zip:

Title DIRECTOR Title **FVP**

Name NATHAN, CHERYL WOODS, VERONICA Name

Address 9495 EVERGREEN PLACE Address 2108 S CYPRESS BEND DRIVE APT #406

City-State-Zip: DAVIE FL 33324 POMPANO BEACH FL 33069 City-State-Zip:

Title **DIRECTOR** Title **SECRETARY**

Name WOODS, MARCUS MOSQUERA, LILLIANA Name

Address 2108 S. CYPRESS BEND DRIVE 9132 SOUTHERN ORCHARD ROAD N Address

APT#108 City-State-Zip: DAVIE FL 33328

City-State-Zip: POMPANO BEACH FL 33069

DIRECTOR Title

Name RIVERA, NICOLE

108

Address 3282 CORAL RIDGE DRIVE

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.

04/21/2021 SIGNATURE: VERONICA WOODS **FVP**