SIGNATURE	E: SCOTT H. LANGSTON			04/19/2023
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	Р	Title	VP	
Name	TAYLOR, CHARLIE	Name	DELAUNE, JAMES	
Address	P.O. BOX 1897	Address	P.O. BOX 1897	
City-State-Zip:	LAKELAND FL 33802	City-State-Zip:	LAKELAND FL 33802	
Title	VP	Title	SECRETARY	
Name	MYERS, RON	Name	HERNANDEZ, DANIELA	
Address	P.O. BOX 1897	Address	P.O. BOX 1897	
City-State-Zip:	LAKELAND FL 33802	City-State-Zip:	LAKELAND FL 33802	
Title	DIRECTOR	Title	DIRECTOR	
Name	HORTON, WILLIE	Name	HORTON, GLORIA	
Address	P.O. BOX 1897	Address	P.O. BOX 1897	
City-State-Zip:	LAKELAND FL 33802	City-State-Zip:	LAKELAND FL 33802	
Title	DIRECTOR	Title	DIRECTOR	
Name	WOOD, JACOB "JAKE"	Name	DEHEM, MARK S	
Address	P.O. BOX 1897	Address	P.O. BOX 1897	
City-State-Zip:	LAKELAND FL 33802	City-State-Zip:	LAKELAND FL 33802	

Name and Address of Current Registered Agent:

LANGSTON, SCOTT H **117 SOUTH FLORIDA AVENUE** LAKELAND, FL 33802 US

SIGNATURE: CHARLIE TAYLOR

above, or on an attachment with all other like empowered.

PRESIDENT

04/19/2023

Electronic Signature of Signing Officer/Director Detail

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: 360 WILLIE HORTON COMMUNITY PARTNERSHIPS, INC.

Current Principal Place of Business:

117 S. FLORIDA AVENUE LAKELAND, FL 33801

Current Mailing Address:

DOCUMENT# N1500008842

PO BOX 1897 LAKELAND, FL 33802 US

FEI Number: 81-0900570

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

FILED Apr 19, 2023 Secretary of State 2137425316CC

Certificate of Status Desired: No