

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000000247

Entity Name: WESLEY FOUNDATION AT FAMU, INC.**Current Principal Place of Business:**NORTHWEST DISTRICT UMC OFFICE
2236 CAPITAL CIRCLE NE STE
TALLAHASSEE, FL 32308**Current Mailing Address:**NORTHWEST DISTRICT UMC
PO BOX 13766
TALLAHASSEE, FL 32317-3766 US**FEI Number:** 81-1060039**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCRIVEN, LATRICIA
2162 GOLDEN EAGLE DR W
TALLAHASSEE, FL 32312 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 DIRECTOR
Name SNELL, CHANDRA DR.
Address 1575 PAUL RUSSELL RD #3802
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name JOHNSON, KENYA
Address PO BOX 7123
City-State-Zip: TALLAHASSEE FL 32314

Title TREASURER
Name DEMME, STEPHEN
Address PO BOX 7123
City-State-Zip: TALLAHASSEE FL 32314

Title DIRECTOR
Name SCRIVEN, LATRICIA DR.
Address 2162 GOLDEN EAGLE DRIVE W
City-State-Zip: TALLAHASSEE FL 32312

Title SECRETARY
Name FITZGERALD, TAMRA
Address 160 FULTON SHAW ROAD
City-State-Zip: QUINCY FL 32352

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: LATRICIA SCRIVEN**DIRECTOR****01/23/2020**

Electronic Signature of Signing Officer/Director Detail

Date