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: LYNDON RAY GREEN

Electronic Signature of Signing Officer/Director Detail

### Name and Address of Current Registered Agent:

SAINT CLOUD FL 34772

1455 BEECHWOOD DRIVE SAINT CLOUD, FL 34772 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:

City-State-Zip:

**Officer/Director Detail :** Title PD Title VD GREEN, LYNDON TODD, THOMAS Name Name 1455 BEECHWOOD DRIVE Address 3112 KEYSTONE POINTE Address City-State-Zip: SAINT CLOUD FL 34772 SAINT CLOUD FL 34772 City-State-Zip: Title PD Name DANIEL, DEBRA Address 1455 BEECHWOOD DRIVE

## 2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N1600006126

Entity Name: BEA'S BLESSINGS, INC.

## **Current Principal Place of Business:**

1455 BEECHWOOD DRIVE SAINT CLOUD. FL 34772

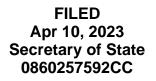
## **Current Mailing Address:**

1455 BEECHWOOD DRIVE SAINT CLOUD, FL 34772 US

# FEI Number: 81-3001284

Electronic Signature of Registered Agent

DANIEL, DEBRA



Date

Certificate of Status Desired: No

04/10/2023 Date

PD