

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000008351

Entity Name: SOLDIERS FOR A CURE, INC.

Current Principal Place of Business:

701 PROMENADE DR. #204
PEMBROKE PINES, FL 33026

Current Mailing Address:

701 PROMENADE DR. #204
PEMBROKE PINES, FL 33026 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GRIGGS, SOPHIA
701 PROMENADE DR. #204
PEMBROKE PINES, FL 33026 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 P
Name GERVAIS, DELPHINE
Address 701 PROMENADE DR. #204
City-State-Zip: PEMBROKE PINES FL 33026

Title T
Name GRIGGS, SOPHIA
Address 701 PROMENADE DR. #204
City-State-Zip: PEMBROKE PINES FL 33026

Title S
Name JULES, BRUNETTE
Address 701 PROMENADE DR. #204
City-State-Zip: PEMBROKE PINES FL 33026

Title D
Name DANIEL, ANSE
Address 701 PROMENADE DR. #204
City-State-Zip: PEMBROKE PINES FL 33026

Title VP
Name LOUBEAU, DIANA
Address 701 PROMENADE DR. #204
City-State-Zip: PEMBROKE PINES FL 33026

Title D
Name OBNIS, RACHEL
Address 701 PROMENADE DR. #204
City-State-Zip: PEMBROKE PINES FL 33026

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: SOPHIA GRIGGS

TREASURER

01/28/2021

Electronic Signature of Signing Officer/Director Detail

Date