

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000009389

**Entity Name:** TRANSFORMATION PROGRAM USA INC

**Current Principal Place of Business:**

11117 LAKEWOOD POINTE DR  
APT. 201  
SEFFNER, FL 33584

**Current Mailing Address:**

11117 LAKEWOOD POINTE DR  
APT. 201  
SEFFNER, FL 33584 US

**FEI Number:** 81-3971501

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DUNCAN, CHANDRE L  
11117 LAKEWOOD POINTE DR  
APT. 201  
SEFFNER, FL 33584 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:** CHANDRE L DUNCAN

08/28/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name BARRETT, MICHAEL JOHN  
Address 11117 LAKEWOOD POINTE DR  
APT. 201  
City-State-Zip: SEFFNER FL 33584

Title DIR  
Name ORTIZ, KEVIN SAMUEL  
Address 168 MEADOW BROOK LN  
City-State-Zip: SAN BENITO TX 78586

Title TREASURER  
Name DUNCAN, CHANDRE LESLEY  
Address 11117 LAKEWOOD POINTE DR  
APT. 201  
City-State-Zip: SEFFNER FL 33584

*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:** CHANDRE DUNCAN

**TREASURER**

08/28/2018

Electronic Signature of Signing Officer/Director Detail

Date