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

DOCUMENT# N16000009416

Entity Name: CHERISHED, PRECIOUS, AND LOVED INC.

**FILED** Apr 27, 2018 **Secretary of State** CC9589127281

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

1570 HANKS AVENUE ORLANDO, FL 32814

### **Current Mailing Address:**

P.O. BOX 149941

ORLANDO, FL 32814 US

FEI Number: 81-4345184 Certificate of Status Desired: Yes

### Name and Address of Current Registered Agent:

STROBECK, MICHAEL K 1570 HANKS AVENUE ORLANDO, FL 32814 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	Р	Title	TREA

STROBECK, DAWN L STROBECK, MICHAEL K Name Name 1570 HANKS AVENUE Address 1570 HANKS AVENUE Address City-State-Zip: ORLANDO FL 32814 ORLANDO FL 32814 City-State-Zip:

Title DIR Title DIR

Name REYES, LINDA M DUNN, KATIE Name

Address 5945 BENT PINE DRIVE Address 1145 UTAH BLVD ORLANDO FL 32822 City-State-Zip: City-State-Zip: ORLANDO FL 32803

Title SEC Title DIR

Name OCEAN, NATASHA Name ORMAN, CHRISTA

Address 200 ST. ANDREWS BLVD Address 1714 NORTH INDIAN RIVER ROAD

#2007

City-State-Zip: NEW SMYRNA BEACH FL 32169 City-State-Zip: WINTER PARK FL 32792

Title D

Title DUNN, JASON Name ROZA, AMY Name

Address 1305 DUNSANY AVE Address

578 PINEBRANCH CIR ORLANDO FL 32806

City-State-Zip: WINTER SPRINGS FL 32708 City-State-Zip:

## Continues on page 2

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: MICHAEL K STROBECK

TREASURER & REGISTERED AGENT 04/27/2018

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title D Title D

Name CHRISTOPHER, VIRGINIA Name REYES, ROBERTO

Address 6751 POT-O-GOLD LN Address 6008 BENT PINE DR APT 2325

City-State-Zip: ORLANDO FL 32809 City-State-Zip: ORLANDO FL 32822

Title D Title

NameBLACKSTONE, MICHAELNameBLACKSTONE, RACHELAddress7125 WINDING LAKE CIRAddress7125 WINDING LAKE CIR

City-State-Zip: ORLANDO FL 32765 City-State-Zip: ORLANDO FL 32765