

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000009696

FILED
Jun 07, 2020
Secretary of State
1922120988CC

Entity Name: THE WILLOTIS MARABLE CHARACTER FIRST CENTER, INC.

Current Principal Place of Business:

693 OAK HOLLOW WAY
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

PO BOX 2371
EATONVILLE, FL 32751 US

FEI Number: 81-5360505

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MITCHELL, CLARA
693 OAK HOLLOW WAY
ALTAMONTE SPRINGS, FL 32714 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: CLARA MITCHELL

06/07/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name MITCHELL, CLARA L
Address 693 OAK HOLLOW WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title MEM
Name CASARES, LIBBY
Address 525 RANTOUL LANE
City-State-Zip: LAKE MARY FL 32746

Title MEM
Name DAVIS-WILLIAMS, PHYLLIS
Address 1 CORPORATE DRIVE SUITE 109
City-State-Zip: SOUTHFIELD MI 48706

Title MEM
Name BLACKWELL, MICHELLE
Address 4325 FOUNTAINVIEW LN APT 5203
City-State-Zip: ORLANDO FL 32808

Title MEM
Name MCALISTER, MELISSA
Address 2830 DERNCREEK AVE
City-State-Zip: ORLANDO FL 32806

Title MEM
Name ELDER, BETTY
Address 4611 CHALMER
City-State-Zip: DETROIT MI 48213

Title MEM
Name MCMIKEL, DEBORAH
Address 11489 DYAR STREET
City-State-Zip: HAMTRAMCK MI 48212

Title MEM
Name MARABLE, FLORENCE
Address 18030 RAINBOW
City-State-Zip: FRASER MI 48206

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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: CLARA L MITCHELL

PRESIDENT

06/07/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title MEM
Name DAVIS, LISA
Address 17686 LENORE
City-State-Zip: DETROIT MI 48219

Title MEM
Name WILLIAMS, LEONA
Address 11940 RADOM
City-State-Zip: DETROIT MI 48212