2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000009696

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

FILED Feb 04, 2021 Secretary of State 1143969801CC

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 02/04/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title PRES Title MEM

NameMITCHELL, CLARA LNameCASARES, LIBBYAddress693 OAK HOLLOW WAYAddress525 RANTOUL LANECity-State-Zip:ALTAMONTE SPRINGS FL 32714City-State-Zip:LAKE MARY FL 32746

Title MEM Title MEM

Name DAVIS-WILLIAMS, PHYLLIS Name BLACKWELL, MICHELLE

Address 1 CORPORATE DRIVE SUITE 109 Address 4325 FOUNTAINVIEW LN APT 5203

City-State-Zip: SOUTHFIELD MI 48706 City-State-Zip: ORLANDO FL 32808

Title MEM Title MEM

NameMCALISTER, MELISSANameELDER, BETTYAddress2830 DERNCREEK AVEAddress4611 CHALMERCity-State-Zip:ORLANDO FL 32806City-State-Zip: DETROIT MI 48213

Title MEM Title MEM

NameMARABLE, FLORENCENameWILLIAMS, LEONAAddress18030 RAINBOWAddress11940 RADOMCity-State-Zip:FRASER MI 48206City-State-Zip:DETROIT MI 48212

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 MITCHELL PRESIDENT 02/04/2021