

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000004005

**Entity Name:** THE 11TH HOUR TRAUMA RETREAT, INC.

**Current Principal Place of Business:**

7301 PALMETTO PARK RD # 102A  
BOCA RATON, FL 33433

**Current Mailing Address:**

7301 PALMETTO PARK RD # 102A  
BOCA RATON, FL 33433 US

**FEI Number: 82-1195506**

**Certificate of Status Desired: No**

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

STARR, RACHAEL  
3132 SW NUTLEY ST  
PORT ST LUCIE, FL 34953 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 PT  
Name STARR, RACHAEL  
Address 7301 PALMETTO PARK RD # 102A  
City-State-Zip: BOCA RATON FL 33433

Title D  
Name GOLDMAN, MICHAEL  
Address 7301 PALMETTO PARK RD # 102A  
City-State-Zip: BOCA RATON FL 33433

Title D  
Name GOLDMAN, SEAN  
Address 7301 PALMETTO PARK RD # 102A  
City-State-Zip: BOCA RATON FL 33433

Title D  
Name ZNOROWSKI, JOHN  
Address 7301 PALMETTO PARK RD # 102A  
City-State-Zip: BOCA RATON FL 33433

*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: RACHAEL STARR**

**PRESIDENT**

**04/24/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date