

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000004626

FILED
Apr 01, 2020
Secretary of State
9284955958CC

Entity Name: CATCH THE WAVE OF HOPE CHARITABLE ORGANIZATION, INC.

Current Principal Place of Business:

901 SE JOHNSON AVE
STUART, FL 34994

Current Mailing Address:

P.O. BOX 1409
PALM CITY, FL 34991 US

FEI Number: 82-1506411

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WATER POINTE REALTY GROUP
660 NE OCEAN BLVD
STUART, FL 34996 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: JANICE NORMAN

04/01/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title OTHER
Name NORMAN, JANICE
Address P.O. BOX 1409
City-State-Zip: PALM CITY FL 34991

Title SECRETARY
Name PORFIDIO, JOLINDA
Address P.O. BOX 1409
City-State-Zip: PALM CITY FL 34991

Title CHAIRMAN
Name LAURINE, KELLY
Address P.O. BOX 1409
City-State-Zip: PALM CITY FL 34991

Title OTHER
Name OSTER, GARY
Address P.O. BOX 1409
City-State-Zip: PALM CITY FL 34991

Title OTHER
Name WILLIAMS, DIANE
Address P.O. BOX 1409
City-State-Zip: PALM CITY FL 34991

Title VC
Name LUTEN, PAULA
Address P.O. BOX 1409
City-State-Zip: PALM CITY FL 34991

Title OTHER
Name BARLETTA, TONY
Address P.O. BOX 1409
City-State-Zip: PALM CITY FL 34991

Title OTHER
Name SCOTT, LISA
Address P.O. BOX 1409
City-State-Zip: PALM CITY FL 34991

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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: KARISSA BOLDEN

EXECUTIVE DIRECTOR

04/01/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title OTHER
Name RABBITT, ASHLEY
Address P.O.BOX 1409
City-State-Zip: PALM CITY FL 34991

Title EXECUTIVE DIRECTOR
Name BOLDEN, KARISSA
Address P.O.BOX 1409
City-State-Zip: PALM CITY FL 34991