

2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N17000004626

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

**FILED
Sep 19, 2021
Secretary of State
2771894662CC**

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: No

Name and Address of Current Registered Agent:

LAURINE, KELLY
901 SE JOHNSON AVE
STUART, FL 34994 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: KELLY LAURINE

09/19/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

Title BOARD MEMBER
Name MASSNICK, KIMBERLIE
Address P.O. BOX 1409
City-State-Zip: PALM CITY FL 34991

Title BOARD MEMBER
Name HUNTER, MILES
Address P.O. BOX 1409
City-State-Zip: PALM CITY FL 34991

Title BOARD MEMBER
Name GEORGES, FIDA
Address P.O. BOX 1409
City-State-Zip: PALM CITY FL 34991

Title BOARD MEMBER
Name CONSALO, FRANK
Address P.O. BOX 1409
City-State-Zip: PALM CITY FL 34991

Title BOARD MEMBER
Name GORMAN, BONNIE
Address P.O. BOX 1409
City-State-Zip: PALM CITY FL 34991

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: KELLY LAURINE

BOARD CHAIR

09/19/2021

Electronic Signature of Signing Officer/Director Detail

Date