## 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000007255

Entity Name: VOLUNTEER ORGANIZATION INSPIRING CHANGES IN

**EVERYDAY STORIES INC.** 

**Current Principal Place of Business:** 

2036 WINNERS CIRCLE

NORTH LAUDERDALE, FL 33063

**Current Mailing Address:** 

2036 WINNERS CIRCLE

NORTH LAUDERDALE, FL 33063 US

FEI Number: 82-0822679 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CLARK, GANIECE A 2036 WINNERS CIRCLE NORTH LAUDERDALE, FL 33063 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

FILED May 01, 2018

**Secretary of State** 

CC1067853488

Officer/Director Detail:

Title PRESIDENT Title CO-TRUSTEE

NameCLARK, GANIECENameTHOMPSON, SHAVON LAddress2036 WINNERS CIRCLEAddress345 LAKE POINT DR.City-State-Zip:NORTH LAUDERDALE FL 33063City-State-Zip:ALTAMONTE FL 32707

Title DIRECTOR Title ETC

Name IRVIN, SHAREIKA B Name BUTLER, WILLIE

Address 4890 LIGHTHOUSE CIRCLE Address 4890 LIGHTHOUSE CIRCLE

City-State-Zip: COCONUT CREEK FL 33063

City-State-Zip: COCONUT CREEK FL 33063

Title DIRECTOR Title VP

Name LINTON, DONOVAN Name LOUIS , ALEXIS

Address 7140 NW 47 PL Address 2606 EASTPORT RD

APT 3

City-State-Zip: LAUDERHILL FL 33319 City-State-Zip: CHARLOTTE NC 28205

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.

**CEO** 

SIGNATURE: GANIECE CLARK

Electronic Signature of Signing Officer/Director Detail

05/01/2018

Date