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.

PRESIDENT

SIGNATURE: ELLA COBBS

Electronic Signature of Signing Officer/Director Detail

Entity Name: CRAIG WASHINGTON MENTORING PROGRAM, INC.

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

# Current Principal Place of Business:

2240 N SHERMAN CIRCLE 101 MIRAMAR, FL 33025

DOCUMENT# N17000010894

### **Current Mailing Address:**

2240 N SHERMAN CIRCLE 101 MIRAMAR, FL 33025 US

## FEI Number: 82-3411445

### Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

THOMPSON, MARY P 1324 GINSBERG DRIVE DAYTONA BEACH, FL 32114 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:

Officer/Director Detail :					
Title	PRES	Title	S		
Name	COBBS, ELLA	Name	HAWKINS, LINDA		
Address	2240 N SHERMAN CIRCLE #101	Address	16820 SW 109 AVENUE		
City-State-Zip:	MIRAMAR FL 33025	City-State-Zip:	MIAMI FL 33157		
Title	Ť				
Name	HANNA, INGER				
Address	9740 SW 16 COURT				
City-State-Zip:	PEMBROKE PINES FL 33025				

Certificate of Status Desired: No

#### FILED May 11, 2020 Secretary of State 1898107807CC

05/11/2020 Date

Date