## 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. 04/26/2019

#### SIGNATURE: DACELIN ST MARTING

Electronic Signature of Signing Officer/Director Detail

Entity Name: ISLANDS IN MOTION FOUNDATION INC **Current Principal Place of Business:** 

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

### 1990 N PROSPECT AVE LECANTO, FL 34461

### **Current Mailing Address:**

DOCUMENT# N17000011947

PO BOX 2066 LECANTO, FL 34460 US

### FEI Number: 82-3579395

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

SANDERS, WALTER S 16528 N DALE MABRY HWY TAMPA, FL 33618 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

#### **Officer/Director Detail :**

Title	D	Title	D
Name	ST MARTIN, DACELIN	Name	ST MARTIN, ANTONETTE
Address	PO BOX 2066	Address	PO BOX 2066
City-State-Zip:	LECANTO FL 34460	City-State-Zip:	LECANTO FL 34460

D

Date

# FILED Apr 26, 2019 Secretary of State 2930620775CC

Certificate of Status Desired: No

Date