Electronic Signature of Signing Officer/Director Detail

above, or on an attachment with all other like empowered.

SIGNATURE: SHENETRIA MOORE

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 :	
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Title	P/C	Title	DIR
Name	MOORE, SHENETRIA S	Name	COOPER, SABRINA
Address City-State-Zip:	2620 NORTH AUSTRALIAN AVENUE 109	Address	570 WEST 35TH STREET
		City-State-Zip:	RIVIERA BEACH FL 33407
	WEST PALM BEACH FL 33407		
		Title	DIR
Title	DIR		
Title Name	DIR MOSES, ANITRA	Title Name	DIR HARDY, LASJONIA
Name	MOSES, ANITRA		
		Name	HARDY, LASJONIA

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

PRESIDENT

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N1800000530

Entity Name: SHA'S COMMUNITY INITIATIVES, INC.

Current Principal Place of Business:

2620 NORTH AUSTRALIAN AVENUE 109 WEST PALM BEACH, FL 33407

Current Mailing Address:

2620 NORTH AUSTRALIAN AVENUE 109 WEST PALM BEACH, FL 33407 US

FEI Number: 82-4259528

Name and Address of Current Registered Agent:

MOORE, SHENETRIA S 2620 NORTH AUSTRALIAN AVENUE 109 WEST PALM BEACH, FL 33407 US

Certificate of Status Desired: Yes

Date

04/28/2021 Date