

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000001824

**Entity Name:** A WYNNER'S 1ST GENERATION FOUNDATION, INC.

**Current Principal Place of Business:**

5470 E. BUSCH BLVD  
SUITE 159  
TEMPLE TERRACE, FL 33617

**Current Mailing Address:**

5470 E. BUSCH BLVD  
SUITE 159  
TEMPLE TERRACE, FL 33617

**FEI Number:** 82-4542318

**Certificate of Status Desired:** No

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

WYNN, ALTHEA M  
6023 N. 39TH STREET  
TAMPA, FL 33610 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

**Officer/Director Detail :**

Title P  
Name WYNN, ALTHEA M  
Address 6023 N. 39TH STREET  
City-State-Zip: TAMPA FL 33610

Title VP  
Name BROWN, TIA T  
Address 1211 CAMAROSA LANE  
City-State-Zip: PLANT CITY FL 33563

Title S/T  
Name HUNT, BRENDA L  
Address 216 BON VIE PLACE  
City-State-Zip: VALRICO FL 33594

Title D  
Name CLARKE, AUDREY G  
Address 7110 WATERSIDE DRIVE  
City-State-Zip: TAMPA FL 33617

Title D  
Name DEPASS, REGINA  
Address P.O. BOX 280327  
City-State-Zip: TAMPA FL 33682

Title D  
Name ROBINSON, SORITZA K  
Address 3636 OAK RIDGE LANE  
City-State-Zip: DOTHAN AL 36303

*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:** ALTHEA M. WYNN

**PRESIDENT**

**04/25/2020**

Electronic Signature of Signing Officer/Director Detail

Date