

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000001824

**Entity Name:** A WYNNER'S 1ST GENERATION FOUNDATION, INC.**Current Principal Place of Business:**6023 N. 39TH STREET  
TAMPA, FL 33610**Current Mailing Address:**6023 N. 39TH STREET  
TAMPA, FL 33610 US**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           | S/T                       |
| Name            | HUNT, BRENDA L            |
| Address         | 11833 BRIGHTON KNOLL LOOP |
| City-State-Zip: | RIVERVIEW FL 33579        |

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

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

|                 |                         |
|-----------------|-------------------------|
| Title           | D                       |
| Name            | CLARKE, AUDREY G        |
| Address         | 8408 RENALD BLVD        |
| City-State-Zip: | TEMPLE TERRACE FL 33637 |

|                 |                     |
|-----------------|---------------------|
| 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****04/30/2021**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date