2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N18000003386

Entity Name: FIRST LADIES FARM AND SANCTUARY INCORPORATED

FILED
Jun 17, 2021
Secretary of State
7306811334CC

Current Principal Place of Business:

13028 SHADOW RUN BLVD RIVERVIEW, FL 33569

Current Mailing Address:

13028 SHADOW RUN BLVD RIVERVIEW, FL 33569 US

FEI Number: 82-3921301 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EDMONDS, CHELSEA A 13028 SHADOW RUN BLVD RIVERVIEW, FL 33569 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 | DIRECTOR/PRESIDENT | Title | DIRECTOR/SECRETARY |
|-----------------|-----------------------|-----------------|--------------------|
| Name | EDMONDS, CHELSEA A | Name | WHITE, CLAUDIA |
| Address | 13028 SHADOW RUN BLVD | Address | 1314 CAMBRON DRIVE |
| City-State-Zip: | RIVERVIEW FL 33569 | City-State-Zip: | VALRICO FL 33596 |

| Title | DIRECTOR, VP | Title | DIRECTOR |
|-----------------|-------------------------|-----------------|---------------------|
| Name | BALMENTI, BARB | Name | THOMAS, NANCY |
| Address | 12604 SILVER PINE DRIVE | Address | 261 SW 10TH AVENUE |
| City-State-Zip: | RIVERVIEW FL 33569 | City-State-Zip: | HALLANDALE FL 33009 |

| Title DIRECTOR | Title | DIRECTOR |
|----------------|-------|----------|
|----------------|-------|----------|

| Name | THOMAS. BILL | Name | SHELLMAN, SARAH |
|------|--------------|------|-----------------|
| | | | |

Address 261 SW 10TH AVENUE Address 1804 E HAMILTON AVENUE

City-State-Zip: HALLANDALE FL 33009 City-State-Zip: TAMPA FL 33610

Title DIRECTOR Title TREASURER

Name ROLLINS, GREGORY Name PETITJEAN, CYNTHIA ESQ.

Address 1804 E HAMILTON AVENUE Address 1306 THONOTOSASSA ROAD

City State Zip: TAMPA FL 23640

City State Zip: PLANT CITY FL 33563

City-State-Zip: TAMPA FL 33610 City-State-Zip: PLANT CITY FL 3356.

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: CYNTHIA PETITJEAN

TREASURER

06/17/2021