

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

DOCUMENT# N18000003386

**FILED**  
**Feb 15, 2021**  
**Secretary of State**  
**9799349270CC**

**Entity Name:** FIRST LADIES FARM AND SANCTUARY INCORPORATED

**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  
Name EDMONDS, CHELSEA A  
Address 13028 SHADOW RUN BLVD  
City-State-Zip: RIVERVIEW FL 33569

Title DIRECTOR/VICE PRESIDENT  
Name MCRAE, DEANN R  
Address 13028 SHADOW RUN BLVD  
City-State-Zip: RIVERVIEW FL 33569

Title DIRECTOR/SECRETARY  
Name WHITE, CLAUDIA  
Address 1314 CAMBRON DRIVE  
City-State-Zip: VALRICO FL 33596

Title DIRECTOR  
Name BALMENTI, BARB  
Address 12604 SILVER PINE DRIVE  
City-State-Zip: RIVERVIEW FL 33569

Title DIRECTOR  
Name THOMAS, NANCY  
Address 261 SW 10TH AVENUE  
City-State-Zip: HALLANDALE FL 33009

Title DIRECTOR  
Name THOMAS, BILL  
Address 261 SW 10TH AVENUE  
City-State-Zip: HALLANDALE FL 33009

Title DIRECTOR  
Name SHELLMAN, SARAH  
Address 1804 E HAMILTON AVENUE  
City-State-Zip: TAMPA FL 33610

Title DIRECTOR  
Name ROLLINS, GREGORY  
Address 1804 E HAMILTON AVENUE  
City-State-Zip: TAMPA FL 33610

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*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**

**02/15/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           TREASURER  
Name            PETITJEAN, CYNTHIA ESQ.  
Address         1306 THONOTOSASSA ROAD  
City-State-Zip: PLANT CITY FL 33563