

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000009676

Entity Name: FINANCES FOR THE FEARLESS CORPORATION**Current Principal Place of Business:**1230 GULF BLVD
APT 705
CLEARWATER BEACH, FL 33767**Current Mailing Address:**1230 GULF BLVD
APT 705
CLEARWATER, FL 33767 US**FEI Number:** 83-2241019**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MUEHLSCHLEGEL, JAKOB S
1230 GULF BLVD
APT 705
CLEARWATER, FL 33767 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 EXECUTIVE DIRECTOR
Name MUEHLSCHLEGEL, JAKE S
Address 11 ASHTON COURT
City-State-Zip: SOUTH ELGIN IL 60177

Title DEPUTY EXECUTIVE DIRECTOR
Name KRUMPTER, THOMAS C III
Address 185 JAN PLACE
City-State-Zip: EAST NORTH PORT NY 11731

Title BOD
Name CASLIONE, JOHN A
Address 100 S ASHLEY
City-State-Zip: TAMPA FL 33602

Title BOD
Name KRUMPTER, THOMAS C JR.
Address 185 JAN PLACE
City-State-Zip: EAST NORTH PORT NY 11731

Title BOD
Name CERVASIO, FRANK
Address 2378 WALTHAM STREET
City-State-Zip: PENSACOLA FL 32505

Title BOD
Name MARASCIULLO, JOE
Address 45 TUDOR CITY PLACE
801
City-State-Zip: NEW YORK NY 10017

Title BOD
Name DIXON, DEIDRE
Address 401 W. KENNEDY BLVD
City-State-Zip: TAMPA FL 33606

Title BOD
Name CERVASIO, FRANK
Address 2378 WALTHAM ST
City-State-Zip: PENSACOLA FL 32505

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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: JAKE MUEHLSCHLEGEL**EXECUTIVE DIRECTOR****04/22/2021**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	CHAIRMAN
Name	OVERBEY, DAN
Address	P.O. BOX 2156
City-State-Zip:	FT. LAUDERDALE FL 33303