#### 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.

Ρ

#### SIGNATURE: KARRY CARRASCO

ODESSA FL 33556

Electronic Signature of Signing Officer/Director Detail

nt, or both, in the State of Florida.

CARRASCO, KARRY GONZALEZ, LUCAS Name Name 17302 BALLMONT PARK DRIVE Address 17302 BALLMONT PARK DRIVE Address City-State-Zip: City-State-Zip: ODESSA FL 33556 ODESSA FL 33556 Title D Name PARRA, YENNY Address 17302 BALLMONT PARK DRIVE

The above n	amed entity submits this statement for a	the purpose of changing its registered office o	r registered agent
SIGNAT	JRE:		
	Electronic Signature of Re	gistered Agent	
Officer/E	irector Detail :		
Title	Р	Title	VP

# 2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000010282

Entity Name: KARRY CARRASCO FOUNDATION INC.

## **Current Principal Place of Business:**

17302 BALLMONT PARK DRIVE ODESSA, FL 33556

### **Current Mailing Address:**

17302 BALLMONT PARK DR ODESSA, FL 33556 US

#### FEI Number: 83-2072399

## Name and Address of Current Registered Agent:

CARRASCO, KARELIS 17302 BALLMONT PARK DRIVE ODESSA, FL 33556 US

City-State-Zip:

FILED Apr 29, 2021 Secretary of State 3134239548CC

Certificate of Status Desired: No

04/29/2021

Date

Date