## 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000010837

Entity Name: 4ROOTS FOUNDATION, INC.

### Current Principal Place of Business:

210 N. PARK AVENUE WINTERPARK, FL 32789

## **Current Mailing Address:**

210 N. PARK AVENUE WINTERPARK, FL 32789 US

# FEI Number: APPLIED FOR

## Name and Address of Current Registered Agent:

PERFIDO, JO-ANN 210 N. PARK AVENUE WINTERPARK, FL 32789 US

#### Certificate of Status Desired: No

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						
Officer/Director Detail :							
Title	D	Title	D				
Name	ALLISON, CHUCK	Name	GORDON, ROBERT				
Address	17255 SE HIGHWAY 452	Address	711 N. ORLANDO AVENUE SUITE 201				
City-State-Zip:	UMATILLA FL 32784	City-State-Zip:	MAITLAND FL 32751				
Title	D	Title	D				
Name	HOSTETTER, SANDY	Name	JENKINS, BARBARA				
Address	2325 CHANTILLY AVENUE	Address	445 WEST AMELIA STREET				
City-State-Zip:	WINTER PARK FL 32789	City-State-Zip:	ORLANDO FL 32804				
Title	D	Title	D				
Name	KREPCHO, DAVE	Name	MCMAHON, DOUGLAS				
Address	411 MERCY DRIVE	Address	9350 CONROY WINDERMERE ROAD				
City-State-Zip:	ORLANDO FL 32805	City-State-Zip:	WINDERMEE FL 43786				
Title	D	Title	D				
Name	MCNEILL, H. GREGORY	Name	RAWLINS, KAY				
Address	215 NORTH EOLA DRIVE	Address	655 WEST CHURCH STREET				
City-State-Zip:	ORLANDO FL 32801	City-State-Zip:	ORLANDO FL				

#### Continues on page 2

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: JOHN RIVERS	
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DIRECTOR

07/10/2019

Electronic Signature of Signing Officer/Director Detail

FILED Jul 10, 2019 Secretary of State 4050725714CC

# **Officer/Director Detail Continued :**

550 E. ROLLINS ST

City-State-Zip: ORLANDO FL 32803

Address

Title	D	Title	D
Name	RIVERS, JOHN	Name	ROBINSON, KEN
Address	210 N. PARK AVENUE	Address	7400 DR PHILLIPS BLVD
City-State-Zip:	WINTER PARK FL 32789	City-State-Zip:	ORLANDO FL 32819
Title	D	Title	D
Name	SITTEMA, TOM	Name	SWANSON, DAVID
Address	150 W FAWSETT ROAD	Address	106 EAST CHURCH ST
City-State-Zip:	WINTER PARK FL 32789	City-State-Zip:	ORLANDO FL 32801
Title	D		
Name	TOL, DARYL		