

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000011515

**Entity Name:** MARRIAGE REDISCOVERY INC.

**Current Principal Place of Business:**

625 E. TWIGGS ST  
#1000 PMB 95241  
TAMPA, FL 33602

**FILED**  
**Jan 04, 2023**  
**Secretary of State**  
**7701767823CC**

**Current Mailing Address:**

625 E. TWIGGS ST  
#1000 PMB 95241  
TAMPA, FL 33602 US

**FEI Number:** 83-2349242

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KOVNICK, PAOLA  
625 E. TWIGGS ST  
#1000 PMB 95241  
TAMPA, FL 33602 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 T  
Name BAUMANN, LEIGH  
Address 16 ST ANDREWS RD  
City-State-Zip: JEKYLL ISLAND GA 31527

Title P  
Name KOVNICK, PAOLA  
Address 625 E. TWIGGS ST  
#1000 PMB 95241  
City-State-Zip: TAMPA FL 33602

Title CEO  
Name KOVNICK, MICHAEL  
Address 625 E. TWIGGS ST  
#1000 PMB 95241  
City-State-Zip: TAMPA FL 33602

*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:** PAOLA KOVNICK

**AGENT**

**01/04/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date