

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

DOCUMENT# N18000011680

**Entity Name:** TORRIN LAWRENCE, INC.

**Current Principal Place of Business:**

8725 MERSEYSIDE AVENUE  
JACKSONVILLE, FL 32219

**Current Mailing Address:**

8725 MERSEYSIDE AVENUE  
JACKSONVILLE, FL 32219 US

**FEI Number: 83-2522518**

**Certificate of Status Desired: No**

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

RENCHE, LAKEISHA  
8725 MERSEYSIDE AVENUE  
JACKSONVILLE, FL 32219 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 PD  
Name RENCHER, LAKEISHA  
Address 8725 MERSEYSIDE AVENUE  
City-State-Zip: JACKSONVILLE FL 32219

Title VD  
Name ULMER, WILMA  
Address 9705 EVANS RD  
City-State-Zip: JACKSONVILLE FL 32208

Title SD  
Name FRANCIOS, ANDREA  
Address 977 TORTOISE WAY  
City-State-Zip: JACKSONVILLE FL 32218

Title TD  
Name JUDSON, JAKAYLA  
Address 1250 BROOKWOOD FOREST BLVD  
APT 4305  
City-State-Zip: JACKSONVILLE FL 32225

*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: LAKEISHA L RENCHER**

**PRESIDENT**

**04/14/2023**

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

\_\_\_\_\_  
Date