

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000001028

**Entity Name:** BRING IT HOME FLORIDA, INC.

**Current Principal Place of Business:**

4500 N SURF RD  
HOLLYWOOD, FL 33019

**Current Mailing Address:**

4500 N SURF RD  
HOLLYWOOD, FL 33019 US

**FEI Number: 83-3495145**

**Certificate of Status Desired: No**

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

REVIS, HERVAS & GOLDBERG P.A.  
1792 BELL TOWER LN  
WESTON, FL 33326 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 DIRECTOR  
Name BRAY, ROBBIN  
Address 256 PALM ISLAND WAY  
City-State-Zip: PONTE VEDRA FL 32081

Title DIRECTOR  
Name DEEGAN, DONNA  
Address 1331 1ST STREET N #504  
City-State-Zip: JACKSONVILLE FL 32250

Title DIRECTOR  
Name FERDINAND, REGINA  
Address 620 SW 111 AVE #108  
City-State-Zip: PEMBROKE PINES FL 33025

Title EXECUTIE DIRECTOR  
Name ISAACSON, DIANE  
Address 4500 N SURF RD  
City-State-Zip: HOLLYWOOD FL 33019

Title DIRECTOR  
Name SCHECTER, LAURIE  
Address 4500 N SURF RD  
City-State-Zip: HOLLYWOOD FL 33019

Title DIRECTOR  
Name RAPHAEL, MILLIE  
Address 343 PALM ST  
#3  
City-State-Zip: HOLLYWOOD FL 33019

*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: MILLIE RAPHAEL**

**DIRECTOR**

**04/17/2021**

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

\_\_\_\_\_  
Date