

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19000001192

Entity Name: SHAPING THE EARLY MIND INC.**Current Principal Place of Business:**4604 49TH ST N
1233
ST. PETERSBURG, FL 33709**Current Mailing Address:**4604 49TH ST N
1233
ST. PETERSBURG, FL 33709 US**FEI Number:** 83-3510078**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DAVIS, SHAI'ROBIA R
4604 49TH ST N
1233
ST. PETERSBURG, FL 33709 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	DAVIS, SHAI'ROBIA
Address	4604 49TH ST N 1233
City-State-Zip:	ST. PETERSBURG FL 33709

Title	PRESIDENT
Name	BENNETT, THAMAR
Address	4604 49TH ST N 1233
City-State-Zip:	ST. PETERSBURG FL 33709

Title	SECRETARY
Name	HAYES, KAYLEN
Address	4604 49TH ST N 1233
City-State-Zip:	ST. PETERSBURG FL 33709

Title	VP
Name	APPLETON, ANTHONY
Address	4604 49TH ST N 1233
City-State-Zip:	ST. PETERSBURG FL 33709

Title	CHIEF TECHNOLOGY OFFICER
Name	MAIRN, CHAD
Address	4604 49TH ST N 1233
City-State-Zip:	ST. PETERSBURG FL 33709

Title	MEM
Name	DAVIS, MARQUIS
Address	4604 49TH ST N 1233
City-State-Zip:	ST. PETERSBURG FL 33709

Title	MEMBER
Name	SCHAFFER, MARIANNE
Address	4604 49TH ST N 1233
City-State-Zip:	ST. PETERSBURG FL 33709

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: SHAI'ROBIA DAVIS**DIRECTOR****07/14/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date