

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000004953

**Entity Name:** MOMTOURAGE OF NORTH PINELLAS, INC.

**Current Principal Place of Business:**

3060 ALT.19 N.  
SUITE B19  
PALM HARBOR, FL 34683

**Current Mailing Address:**

3060 ALT.19 N.  
SUITE B19  
PALM HARBOR, FL 34683 US

**FEI Number:** 84-1751945

**Certificate of Status Desired:** No

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

CASTRO, CIJI  
3060 ALT.19 N.  
SUITE B19  
PALM HARBOR, FL 34683 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 P  
Name CASTRO, CIJI  
Address 3060 ALT.19 N.  
SUITE B19  
City-State-Zip: PALM HARBOR FL 34683

*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:** CIJI CASTRO

**OFFICER**

**01/29/2020**

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

\_\_\_\_\_  
Date