

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000005117

**Entity Name:** CARAVAN OF LOVE FOUNDATION, INC.

**Current Principal Place of Business:**

5346 BAY LAGOON CIRCLE  
ORLANDO, FL 32819

**Current Mailing Address:**

15209 PACEY COVE DRIVE  
ORLANDO, FL 32824 US

**FEI Number: 84-1803990**

**Certificate of Status Desired: Yes**

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

OLIVEIRA, DEBORA G  
15209 PACEY COVE DRIVE  
ORLANDO, FL 32824 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 FARIA, SILVIA D  
Address 5346 BAY LAGOON CIRCLE  
City-State-Zip: ORLANDO FL 32819

Title VP  
Name COURA, GERALDO  
Address 3521 FOREST RIDGE LANE  
City-State-Zip: KISSIMMEE FL 34741

Title TREA  
Name OLIVEIRA, DEBORA G  
Address 15209 PACEY COVE DR  
City-State-Zip: ORLANDO FL 32824

Title DIR  
Name TEIXEIRA, BRUNO S  
Address 2306 FALLING ACORN CIRCLE  
City-State-Zip: LAKE MARY FL 32746

Title DIR  
Name GOUVEIA, FREDERICO P  
Address 301 WEST 57TH STREET 18E  
City-State-Zip: NEW YORK NY 10019

Title DIR  
Name ALVES MONTANARI, ALLAN  
Address 9013 SOUTHBAY DRIVE  
City-State-Zip: TAMPA FL 33615

*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: DEBORA GRANGE OLIVEIRA**

**TREASURER**

**05/01/2024**

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

\_\_\_\_\_  
Date