

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

DOCUMENT# N19000005783

**Entity Name:** THE NATIONAL SOCIALIST MOVEMENT CORPORATION

**Current Principal Place of Business:**

15502 STONEYBROOK W PKWY  
#104-576  
WINTER GARDEN, FL 34787

**Current Mailing Address:**

PO BOX 423223  
KISSIMMEE, FL 34742 US

**FEI Number: 84-2287784**

**Certificate of Status Desired: No**

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

COLUCCI, BURT  
15502 STONEYBROOK W. PKWY  
#104-576  
WINTER GARDEN, FL 34787 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 COLUCCI, BURT  
Address 15502 STONEYBROOK PKWY, #104-576  
City-State-Zip: WINTER GARDEN FL 34787

Title D  
Name COLUCCI, BURT  
Address 15502 STONEYBROOK PKWY, #104-576  
City-State-Zip: WINTERGARDEN FL 34787

Title D  
Name SCHOLAR, MIKE  
Address 15502 STONEYBROOK PKWY, #104-576  
City-State-Zip: WINTER GARDEN FL 34787

Title D  
Name HUGHES, HARRY  
Address 15502 STONEYBROOK PKWY, #104-576  
City-State-Zip: WINTER GARDEN FL 34787

*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: BURT COLUCCI**

**PRESIDENT**

**04/01/2021**

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

\_\_\_\_\_  
Date