

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19000009030

Entity Name: END HUMAN TRAFFICKING, INC.

Current Principal Place of Business:

1400 VILLAGE SQUARE BLVD., SUITE 3-110
TALLAHASSEE, FL 32312

Current Mailing Address:

1400 VILLAGE SQUARE BLVD., SUITE 3-110
TALLAHASSEE, FL 32312 US

FEI Number: 32-0611684

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COLLINS, ERIN M EXECUTIVE DIRECTOR
1400 VILLAGE SQUARE BLVD., SUITE 3-110
TALLAHASSEE, FL 32312 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: ERIN M. COLLINS

04/19/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name SMITH, STEPHANIE
Address 702 N. FRANKLIN STREET
City-State-Zip: TAMPA FL 33602

Title D
Name BOGDANOFF, ELLYN
Address 1 E. BROWARD BLVD., 18TH FLOOR
City-State-Zip: FT. LAUDERDALE FL 33301

Title D
Name AZINGER, TONI
Address 8910 21 AVE. NW
City-State-Zip: BRADENTON FL 34209

Title D
Name PARVU, SAVANNAH
Address P.O. BOX 1053
City-State-Zip: UMATILLA FL 32784

Title D
Name TOAL, PHILIP DR.
Address 2348 WHITEHALL DRIVE
City-State-Zip: WINTER PARK FL 32792

Title D
Name POLLARD, VADEN "SHANE"
Address 2331 PHILLIPS ROAD
City-State-Zip: TALLAHASSEE FL 32308

Title D
Name WILKETT, ALAN
Address 12155 BAXLEY ST.
City-State-Zip: SPRING HILL FL 34609

Title D
Name MCGILLICUDDY, GRACIELA
Address 3827 FLAMINGO AVENUE
City-State-Zip: SARASOTA FL 34242

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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: ELLYN BOGDANOFF

DIRECTOR

04/19/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name KINNEY, ALLISON
Address 1585 MARION AVENUE
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR
Name MOHLER, JON M
Address 134 WEST JEFFERSON STREET
City-State-Zip: TALLAHASSEE FL 32301