

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

DOCUMENT# N19000011759

**Entity Name:** BOSS LADY ENTERPRISE EMPOWERMENT , INC**Current Principal Place of Business:**400 E BAY ST  
206  
JACKSONVILLE, FL 32202**Current Mailing Address:**400 E BAY ST  
206  
JACKSONVILLE, FL 32202 US**FEI Number: APPLIED FOR****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ROBERTS, RAMONA L  
400 E BAY ST  
206  
JACKSONVILLE, FL 32202 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 ROBERTS, RAMONA L  
Address 400 E BAY ST # 206  
City-State-Zip: JACKSONVILLE FL 32202Title DIR  
Name LUMPKIN-JOHNSON, RAVANDALA  
Address PO BOX 8776  
City-State-Zip: JACKSONVILLE FL 32223Title DIR  
Name FORMAN, TERRI  
Address 11818 FAYAL DR  
City-State-Zip: JACKSONVILLE FL 32258Title DIR  
Name ROACH, CLAYTON G  
Address 1874 EAGLE PEAK AVE  
City-State-Zip: CLAYTON CA 94517Title DIR  
Name NEELY, TREVOR  
Address 25 N MARKET ST  
City-State-Zip: JACKSONVILLE FL 32202Title DIR  
Name ROBINSON, EDWARD SR  
Address 2179 EMERSON ST  
City-State-Zip: JACKSONVILLE FL 32207

*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: CLAYTON ROACH****DIR****01/28/2021**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date