

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20000000654

Entity Name: NONA SOCCER CARES FOUNDATION, INC.**Current Principal Place of Business:**8215 NARCOOSSEE PARK DRIVE, UNIT 200
ORLANDO, FL 32822**Current Mailing Address:**8215 NARCOOSSEE PARK DRIVE, UNIT 200
ORLANDO, FL 32822 US**FEI Number:** 84-4442457**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ENGLERT, JENNIFER A
12301 LAKE UNDERHILL ROAD, SUITE 213
ORLANDO, FL 32828 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	SILVA, CRISTIANE
Address	8215 NARCOOSSEE PARK DRIVE, UNIT 200
City-State-Zip:	ORLANDO FL 32822

Title	VP
Name	SILVA, FABIO
Address	8215 NARCOOSSEE PARK DRIVE, UNIT 200
City-State-Zip:	ORLANDO FL 32822

Title	SEC
Name	CHAVEZ, PAULA
Address	8215 NARCOOSSEE PARK DRIVE, UNIT 200
City-State-Zip:	ORLANDO FL 32822

Title	TR
Name	CORREA, JENNIFER
Address	8215 NARCOOSSEE PARK DRIVE, UNIT 200
City-State-Zip:	ORLANDO FL 32822

Title	OFFR
Name	SCHADECK, RICARDO
Address	8215 NARCOOSSEE PARK DRIVE, UNIT 200
City-State-Zip:	ORLANDO FL 32822

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: FABIO SILVA

VP

07/20/2021

Electronic Signature of Signing Officer/Director Detail_____
Date