

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000000860

**Entity Name:** BLU CREST CHARITABLE FOUNDATION, INC.

**Current Principal Place of Business:**

827 SUGAR PL  
LAKELAND, FL 33801

**Current Mailing Address:**

827 SUGAR PL  
LAKELAND, FL 33801 US

**FEI Number: 84-4683413**

**Certificate of Status Desired: No**

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

DYLES, DESMOND  
827 SUGAR PL  
LAKELAND, FL 33801 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 BOARD OF DIRECTORS, TREASURER  
Name DYLES, DESMOND  
Address 827 SUGAR PL  
City-State-Zip: LAKELAND FL 33801

Title BOARD OF DIRECTORS, VP  
Name LOUIS, JEAN  
Address 827 SUGAR PL  
City-State-Zip: LAKELAND FL 33801

Title BOARD OF DIRECTORS, SECRETARY  
Name JACK, RAY  
Address 827 SUGAR PL  
City-State-Zip: LAKELAND FL 33801

Title BOARD OF DIRECTORS  
Name WALKER, COURTNEY  
Address 827 SUGAR PL  
City-State-Zip: LAKELAND FL 33801

Title BOARD OF DIRECTORS  
Name OLLISON, ANSE  
Address 827 SUGAR PL  
City-State-Zip: LAKELAND FL 33801

Title BOARD OF DIRECTORS  
Name ROBINSON, DEMOJNE  
Address 827 SUGAR PL  
City-State-Zip: LAKELAND FL 33801

Title BOARD OF DIRECTORS, PRESIDENT  
Name GRIFFIN, JOSEPH  
Address 827 SUGAR PL  
City-State-Zip: LAKELAND FL 33801

*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: DESMOND DYLES**

**TREASURER**

**02/05/2022**

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

\_\_\_\_\_  
Date