

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000002668

**Entity Name:** CENTER FOR TOTAL TRANSFORMATION, INC.

**Current Principal Place of Business:**

6820 BLUE MOON WAY  
RUSKIN, FL 33573

**Current Mailing Address:**

6820 BLUE MOON WAY  
RUSKIN, FL 33573

**FEI Number: 84-5076615**

**Certificate of Status Desired: No**

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

CHIDAVAENZI, MATTHEW T  
6820 BLUE MOON WAY  
RUSKIN, FL 33573 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            PRES  
Name            CHIDAVAENZI, MARIAN JOY  
Address        6820 BLUE MOON WAY  
City-State-Zip: RUSKIN FL 33573

Title            TREA  
Name            MANASE, KUDAKWASHE  
Address        6820 BLUE MOON WAY  
City-State-Zip: RUSKIN FL 33573

Title            SECT  
Name            BURCH, DONNA  
Address        6820 BLUE MOON WAY  
City-State-Zip: RUSKIN FL 33573

*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: MARIAN JOY CHIDAVAENZI**

**PRESIDENT**

**04/24/2023**

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

\_\_\_\_\_  
Date