

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

DOCUMENT# N20000004801

**Entity Name:** SHERLOCK'S HOMES FOUNDATION, INC.

**Current Principal Place of Business:**

3225 MCLEOD DRIVE, SUITE 100  
LAS VEGAS, NV 89121

**Current Mailing Address:**

3225 MCLEOD DRIVE, SUITE 100  
LAS VEGAS, NV 89121 US

**FEI Number: 85-1093989**

**Certificate of Status Desired: No**

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

ANDERSON REGISTERED AGENTS, INC.  
625 E.TWIGGS STREET  
SUITE 110  
TAMPA, FL 33602 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            PRESIDENT, DIRECTOR  
Name            JENNINGS, JACOB R  
Address        3225 MCLEOD DRIVE, SUITE 100  
City-State-Zip: LAS VEGAS NV 89121

Title            VP, DIRECTOR  
Name            HINOJO, JAVIER  
Address        3225 MCLEOD DRIVE, SUITE 100  
City-State-Zip: LAS VEGAS NV 89121

Title            DIRECTOR  
Name            HARDMAN, ROBERT  
Address        3225 MCLEOD DRIVE, SUITE 100  
City-State-Zip: LAS VEGAS NV 89121

Title            TREASURER  
Name            LANEY, JESSICA  
Address        3225 MCLEOD DRIVE, SUITE 100  
City-State-Zip: LAS VEGAS NV 89121

Title            SECRETARY  
Name            HARDMAN, TREVOR  
Address        3225 MCLEOD DRIVE, SUITE 100  
City-State-Zip: LAS VEGAS NV 89121

*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: JACOB R. JENNINGS**

**PRESIDENT**

**06/20/2022**

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

\_\_\_\_\_  
Date