

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20000007958

Entity Name: SHARING HER EXCELLENCE, INC.**Current Principal Place of Business:**18311 HIGHWOODS PRESERVE PKWY
3304
TAMPA, FL 33647**Current Mailing Address:**P.O. BOX 48471
TAMPA, FL 33646**FEI Number:** APPLIED FOR**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ESSIX-JAMES, FELICIA D
18311 HIGHWOODS PRESERVE PKWY
3304
TAMPA, FL 33647 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	ESSIX-JAMES, FELICIA D
Address	18311 HIGHWOODS PRESERVE PKWY
City-State-Zip:	TAMPA FL 33647

Title	SECRETARY
Name	AUSTIN-HURST, KIMBERLY MARIE
Address	P.O. BOX 48471
City-State-Zip:	TAMPA FL 33646

Title	VP
Name	JINKS, RICKAE
Address	P.O. BOX 48471
City-State-Zip:	TAMPA FL 33646

Title	TREASURER
Name	JAMES, NAVARRA'ALII
Address	P.O. BOX 48471
City-State-Zip:	TAMPA FL 33646

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: FELICIA ESSIX-JAMES**PRESIDENT****05/15/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date