

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000008258

**Entity Name:** THE NICOLE MONTALVO FOUNDATION, INC.

**Current Principal Place of Business:**

401 MICHIGAN AVE  
ST CLOUD, FL 34769

**Current Mailing Address:**

401 MICHIGAN AVE  
ST CLOUD, FL 34769 US

**FEI Number: 85-2042252**

**Certificate of Status Desired: No**

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

MONTALVO, CHRISTINA  
401 MICHIGAN AVE  
ST CLOUD, FL 34769 US

**FILED**  
**Apr 29, 2021**  
**Secretary of State**  
**0567739333CC**

*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 MONTALVO, CHRISTINA  
Address 401 MICHIGAN AVE  
City-State-Zip: ST CLOUD FL 34769

Title S  
Name MONTALVO, ELAINE  
Address 1576 CYPRESS WOODS CIR  
City-State-Zip: ST CLOUD FL 34772

Title D  
Name MONTALVO, EDWARD  
Address 1576 CYPRESS WOODS CIR  
City-State-Zip: ST CLOUD FL 34772

Title D  
Name MONTALVO, STEVEN  
Address 6633 INTERBAY BLVD  
City-State-Zip: TAMPA FL 33611

Title D  
Name ABBOTT, MELISSA  
Address 4155 OAKWOOD DR  
City-State-Zip: ST. CLOUD FL 34772

Title D  
Name MONTALVO, ED  
Address 1576 CYPRESS WOODS CIR  
City-State-Zip: ST. CLOUD FL 34772

*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: CHRISTINA MONTALVO**

**PRESIDENT**

**04/29/2021**

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

\_\_\_\_\_  
Date