

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

DOCUMENT# N20000009604

**Entity Name:** THE WVT ORGANIZATION INC.

**Current Principal Place of Business:**

1619 DUNN COVE DR  
APOPKA, FL 32703

**Current Mailing Address:**

1619 DUNN COVE DR  
APOPKA, FL 32703 US

**FEI Number: 85-2711487**

**Certificate of Status Desired: No**

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

TOUSSAINT, WOOLANDA V  
1619 DUNN COVE DR  
APOPKA, FL 32703 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:** WOOLANDA TOUSSAINT

05/01/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            TOUSSAINT, WOOLANDA VALENCIA  
Address        1619 DUNN COVE DR  
City-State-Zip: APOPKA FL 32703

Title            VP  
Name            RENALDO , FRANCOIS  
Address        5185 CINDERLANE PKWY  
                  APT 1503  
City-State-Zip: ORLANDO FL 32808

Title            T  
Name            KILLENSKY , MONUMA  
Address        1619 DUNN COVE DR  
City-State-Zip: APOPKA FL 32703

Title            SECRETARY  
Name            KETTELYNE, MASSAC  
Address        1619 DUNN COVE DR  
City-State-Zip: APOPKA FL 32703

Title            DIRECTOR  
Name            DAVIDSON, BLAISE  
Address        1619 DUNN COVE DR  
City-State-Zip: APOPKA FL 32703

*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:** WOOLANDA TOUSSAINT

PRESIDENT

05/01/2022

Electronic Signature of Signing Officer/Director Detail

Date