DOCUMENT# N20000010738

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: POLLYDORE & WRIGHT FOUNDATION INC.

Current Principal Place of Business:

4445 W. 16TH AVENUE SUITE 409 HIALEAH, FL 33012

Current Mailing Address:

4445 W. 16TH AVENUE SUITE 409 HIALEAH, FL 33012 US

FEI Number: 85-4067951

Name and Address of Current Registered Agent:

WRIGHT, PAULA 4445 W. 16 AVENUE SUITE 308 HIALEAH, FL 33012 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	PAULA WRIGHT			05/01/2024
	Electronic Signature of Registered Agent			Date
Officer/Direc	ctor Detail :			
Title	CEO	Title	DIR	
Name	WRIGHT, PAULA	Name	HARVARD, ULYSSES	
Address	4445 W. 16TH AVENUE, SUITE 409	Address	4445 W. 16TH AVENUE, SUITE 409)
City-State-Zip:	HIALEAH FL 33012	City-State-Zip:	HIALEAH FL 33012	
Title	P	Title	TRE	
Name	CHRISTOPHER, POLLYDORE	Name	SIERRA, MARIA	
Address	4445 W. 16TH AVENUE, SUITE 409	Address	4445 W. 16TH AVENUE, SUITE 409)
City-State-Zip:	HIALEAH FL 33012	City-State-Zip:	HIALEAH FL 33012	
Title	ASST. TREASURER	Title	DIRECTOR	
Name	LEWIS, AUTISHIA	Name	BALTIMORE, RODNEY	
Address	4445 W. 16TH AVENUE, SUITE 409	Address	4445 W. 16TH AVENUE, SUITE 409)
City-State-Zip:	HIALEAH FL 33012	City-State-Zip:	HIALEAH FL 33012	
Title	OFFICER	Title	VP	
Name	RAHMINGS, CREOLA	Name	WRIGHT, SELENA	
Address	4445 W. 16TH AVENUE, SUITE 409	Address	4445 W. 16TH AVENUE, SUITE 409)
City-State-Zip:	HIALEAH FL 33012	City-State-Zip:	HIALEAH FL 33012	
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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: PAULA WRIGHT	CEO	05/01/2024

Electronic Signature of Signing Officer/Director Detail

FILED May 01, 2024 Secretary of State 0078994669CC

Certificate of Status Desired: Yes

Date

Officer/Director Detail Continued :

Title	DIRECTOR	
Name	POLLYDORE-POWELL, SHAUNTAVIA	
Address	4445 W. 16TH AVENUE, SUITE 409	
City-State-Zip:	HIALEAH FL 33012	