2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20000010738

Entity Name: POLLYDORE & WRIGHT FOUNDATION INC.

FILED
Apr 18, 2023
Secretary of State
2751886666CC

Current Principal Place of Business:

4445 W. 16TH AVENUE SUITE 308 HIALEAH, FL 33012

Current Mailing Address:

4445 W. 16TH AVENUE SUITE 308 HIALEAH, FL 33012 US

FEI Number: 85-4067951 Certificate of Status Desired: Yes

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 04/18/2023

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title CEO Title DIR

Name WRIGHT, PAULA Name HARVARD, ULYSSES

Address 4445 W. 16TH AVENUE, SUITE 308 Address 4445 W. 16TH AVENUE, SUITE 308

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 308 Address 4445 W. 16TH AVENUE, SUITE 308

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 308 Address 4445 W. 16TH AVENUE, SUITE 308

City-State-Zip: HIALEAH FL 33012 City-State-Zip: HIALEAH FL 33012

Title OFFICER Title VF

Name RAHMINGS, CREOLA Name WRIGHT, SELENA

Address 4445 W. 16TH AVENUE, SUITE 308 Address 4445 W. 16TH AVENUE, SUITE 308

City-State-Zip: HIALEAH FL 33012 City-State-Zip: HIALEAH FL 33012

Continues on page 2

SIGNATURE: PAULA WRIGHT CEO

Electronic Signature of Signing Officer/Director Detail

04/18/2023 Date

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.

Officer/Director Detail Continued:

Title DIRECTOR

Name POLLYDORE-POWELL, SHAUNTAVIA Address 4445 W. 16TH AVENUE, SUITE 308

City-State-Zip: HIALEAH FL 33012