## **2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000013144

Entity Name: THE D.R.I.P. WAY FOUNDATION, INC.

FILED
Apr 28, 2023
Secretary of State
1700831585CC

## **Current Principal Place of Business:**

1830 N. UNIVERSITY DRIVE, SUITE 252 PLANTATION. FL 33322

**Current Mailing Address:** 

PLANTATION. FL 33322

1830 N. UNIVERSITY DRIVE, SUITE 252

FEI Number: 85-4028201 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PLANTATION FL 33322

FRANKLIN, JOHN III 1830 N. UNIVERSITY DRIVE, SUITE 252 PLANTATION, FL 33322 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:

City-State-Zip:

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PD Title VPD

Name FRANKLIN, JOHN III Name FRANKLIN, JOHN JR.

Address 1830 N. UNIVERSITY DRIVE, SUITE Address 1830 N. UNIVERSITY DRIVE, SUITE

City-State-Zip: PLANTATION FL 33322 City-State-Zip: PLANTATION FL 33322

Title TD Title D

Name FRANKLIN, KEALER Name BEVILL, STEPHANIE

Address 1830 N. UNIVERSITY DRIVE, SUITE Address 4620 W. 19TH STREET

252 City-State-Zip: WEST PARK FL 33023

Title D

Title D Name HIRSCH, DWAYNE

Name SPEARMAN, DEREK Address PO BOX 266

Address 18815 HOLLYBANK PATH

City-State-Zip: METTER GA 30439

City-State-Zip: DAVIDSON NC 28036

Title DIRECTOR

Name BROWN-WILLIAMS, MYRA Address 6566 N SELVITZ RD

Address 4510 SW 21ST STREET

City-State-Zip: PORT SAINT LUCIE FL 34983

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TIGER, CLYDE

Name

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: JOHN FRANKLIN III PRESIDENT 04/28/2023

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title DIRECTOR

Name GREEN, CHRISTOPHER

Address 170 NE 2ND ST

City-State-Zip: BOCA RATON FL 33432