

2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N21000004626

Entity Name: INCLUSION CAFE, INC.

Current Principal Place of Business:

3109 TIPPERARY DR
TALLAHASSEE, FL 32309

Current Mailing Address:

3109 TIPPERARY DR
TALLAHASSEE, FL 32309 US

FEI Number: 86-3337417

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHACK, WILLIAM
3109 TIPPERARY DR
TALLAHASSEE, FL 32309 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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title D
Name SCHACK, WILLIAM
Address 3109 TIPPERARY DR
City-State-Zip: TALLAHASSEE FL 32309

Title D
Name KIRBY, ARTHUR
Address 905 PINEY-Z PLANTATION RD
City-State-Zip: TALLAHASSEE FL 32311

Title DIRECTOR
Name SPARKMAN, TRAVIS
Address 1134 WEST ORANGE AVENUE
City-State-Zip: TALLAHASSEE FL 32310

Title DIRECTOR
Name WAGNER, RICKY
Address 5920 STONELER ROAD
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR
Name WILLIAMS , GREGORY
Address 3487 DAYLILY LANE
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR
Name SPRAGUE, TIMOTHY
Address 8398 GLENDALIN ROAD
City-State-Zip: TALLAHASSEE FL 32311

Title DIRECTOR
Name BOWMAN, TEREL
Address 1800 MERIADOC ROAD
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR
Name FRANKLIN, KRISTAL
Address 2811 INDUSTRIAL PLAZA DRIVE
City-State-Zip: TALLAHASSEE FL 32301

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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: WILLIAM SCHACK

PRESIDENT

05/11/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MOSLEY, TIMOTHY
Address 130 PONDEROSA CIRCLE
City-State-Zip: MIDWAY FL 32343

Title DIRECTOR
Name FANT, BEN
Address 1400 VILLAGE SQUARE BLVD
 SUITE 3 PO BOX 188
City-State-Zip: TALLAHASSEE FL 32312