

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED

DOCUMENT# N21000004626

Mar 05, 2024

Entity Name: INCLUSION CAFE, INC.

Secretary of State

1794443553CC

Current Principal Place of Business:

3109 TIPPERARY DR
TALLAHASSEE, FL 32309

Current Mailing Address:

P.O. BOX 16024
TALLAHASSEE, FL 32317 US

FEI Number: 86-3337417

Certificate of Status Desired: Yes

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

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

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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

03/05/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name ZAIDEMAN, MATTHEW
Address 4601 INISHEER DRIVE
City-State-Zip: TALLAHASSEE FL 32309

Title TREASURER
Name KELLER, RACHEL
Address 2435 AUGUSTINE CT
City-State-Zip: TALLAHASSEE FL 32311

Title DIRECTOR
Name AYALA, SONIA
Address 1080 LIVE OAK PLANTATION RD
City-State-Zip: TALLAHASSEE FL 32312