

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

**Mar 05, 2024**

**Secretary of State**

**1794443553CC**

DOCUMENT# N21000004626

**Entity Name:** INCLUSION CAFE, INC.

**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

**Continues on page 2**

*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