

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21000008400

Entity Name: LYIDA'S HOUSE OF RESTORATION, INC.**Current Principal Place of Business:**3275 S JOHN YOUNG PKWY STE 763
KISSIMMEE, FL 34746**Current Mailing Address:**3275 S JOHN YOUNG PKWY STE 763
KISSIMMEE, FL 34746**FEI Number: 87-1768649****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**ROGERS, BARBARA
3275 S JOHN YOUNG PKWY STE 763
KISSIMMEE, FL 34746 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 DP
Name ROGERS, BARBARA
Address 3275 S JOHN YOUNG PKWY STE 763
City-State-Zip: KISSIMMEE FL 34746

Title DS
Name BANKS, LINDA
Address 3275 S JOHN YOUNG PKWY STE 763
City-State-Zip: KISSIMMEE FL 34746

Title DVP
Name BANKS, EDDIE
Address 3275 S JOHN YOUNG PKWY STE 763
City-State-Zip: KISSIMMEE FL 34746

Title DT
Name JOHNSON, KEYNE
Address 3275 S JOHN YOUNG PKWY STE 763
City-State-Zip: KISSIMMEE FL 34746

Title D
Name SMITH-CHAMBERS, JOAN
Address 3275 S JOHN YOUNG PKWY STE 763
City-State-Zip: KISSIMMEE FL 34746

Title D
Name FELLs, QUINISHA
Address 3275 S JOHN YOUNG PKWY STE 763
City-State-Zip: KISSIMMEE FL 34746

Title DIRECTOR
Name STOKES, ROSALIND
Address 3275 S JOHN YOUNG PKWY STE 763
City-State-Zip: KISSIMMEE FL 34746

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: BARBARA ROGERS**PRESIDENT****03/17/2023**

Electronic Signature of Signing Officer/Director Detail

Date