

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22000000802

Entity Name: SHE BELIEVES INC.

Current Principal Place of Business:

4740 CAPITAL BOULEVARD
ST. CLOUD, FL 34769

Current Mailing Address:

4740 CAPITAL BOULEVARD
ST. CLOUD, FL 34769 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MAURICE, NATASHA L
4740 CAPITAL BOULEVARD
ST. CLOUD, FL 34769 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: NATASHA MAURICE

03/29/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name MAURICE, NATASHA L
Address 4740 CAPITAL BLVD
City-State-Zip: SAINT CLOUD FL 34769

Title BM
Name FEASTER, BRIDGETTE
Address 730 GLENWOOD AVE SE APT. 118
City-State-Zip: ATLANTA GA 30312

Title BM
Name NIEVES, DIANDRA
Address 4530 ORCHARD GROVE ROAD
City-State-Zip: ORLANDO FL 34772

Title BM
Name COICOU, JASMINE
Address 1925 ARBOR MILLS LN
City-State-Zip: KISSIMMEE FL 32744

Title BM
Name SAKELERIOU, SHARIENA
Address 7100 IVY COURT
City-State-Zip: WINTER PARK FL 32792

Title BM
Name LUMSDEN, KERRI
Address 2491 CEDAR ROSE ST.
City-State-Zip: APOPKA FL 32712

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: NATASHA MAURICE

OWNER

03/29/2024

Electronic Signature of Signing Officer/Director Detail

Date