

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

DOCUMENT# N22000001605

**Entity Name:** EFBF, INC

**Current Principal Place of Business:**

516 PAUL MORRIS DR.  
ENGLEWOOD, FL 34223

**Current Mailing Address:**

516 PAUL MORRIS DR.  
ENGLEWOOD, FL 34223 US

**FEI Number:** 87-4518888

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KNAUF, MARK  
2230 S MCCALL RD  
ENGLEWOOD, FL 34224 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 PD  
Name FLOREA, BRENT  
Address 516 PAUL MORRIS DR.  
City-State-Zip: ENGLEWOOD FL 34223

Title VPD  
Name LAURIE, JIM  
Address 516 PAUL MORRIS DR.  
City-State-Zip: ENGLEWOOD FL 34223

Title TD  
Name BAER, ADAM  
Address 516 PAUL MORRIS DR.  
City-State-Zip: ENGLEWOOD FL 34223

Title SD  
Name POWELL, KRISTA  
Address 516 PAUL MORRIS DR.  
City-State-Zip: ENGLEWOOD FL 34223

Title D  
Name BROOKS, WALLACE  
Address 516 PAUL MORRIS DR.  
City-State-Zip: ENGLEWOOD FL 34223

Title D  
Name HELDENBRAND, SPENCER  
Address 516 PAUL MORRIS DR.  
City-State-Zip: ENGLEWOOD FL 34223

*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:** KRISTA POWELL

SD

03/02/2024

Electronic Signature of Signing Officer/Director Detail

Date