

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22000001737

**Entity Name:** GPAW INC.

**Current Principal Place of Business:**

4760 KENOSKA ST  
NORTH PORT, FL 34288

**Current Mailing Address:**

4760 KENOSKA ST  
NORTH PORT, FL 34288

**FEI Number: 88-0756799**

**Certificate of Status Desired: No**

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

CHARLES, MOISE  
5666 CINNAMON DRIVE  
WEST PALM BEACH, FL 33415 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 METAYER, ALIX  
Address 4760 KENOSKA ST  
City-State-Zip: NORTH PORT FL 34288

Title D  
Name CHARLES, MOISE  
Address 5666 CINNAMON DR  
City-State-Zip: WEST PALM BEACH FL 33415

Title D  
Name TIMO, REMY  
Address 156 ETTEINNE GARDEN LANE  
City-State-Zip: WAKE FOREST NC 27587

Title D  
Name MARLEINE, JOSEPH  
Address 4816 ORLEANS COURT, APT D  
City-State-Zip: WEST PALM BEACH FL 33415

Title D  
Name JEAN, NERLANDE  
Address 808 HAWTHORNE DRIVE  
City-State-Zip: LAKE PARK FL 33403

*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: METAYER, ALIX**

**D**

**04/28/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date