

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22000001828

Entity Name: CHRIST BODY FULL CIRCLE FOUNDATION, INC

Current Principal Place of Business:

8781 NORTH BATES RD
PALM BEACH GARDENS, FL 33418

Current Mailing Address:

P.O. BOX 530397
LAKE PARK, FL 33403 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WASHINGTON, GEORGIA
8781 NORTH BATES RD
PALM BEACH GARDENS, FL 33414 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 P,T
Name WASHINGTON, GEORGIA
Address 8781 NORTH BATES RD
City-State-Zip: PALM BEACH GARDENS FL 33414

Title VP
Name PIERRE, ROSEANNE
Address 5250 BANANA RD
City-State-Zip: WEST PALM BEACH FL 33413

Title S
Name SIMONS, PRECIOUS
Address 8781 NORTH BATES RD
City-State-Zip: PALM BEACH GARDENS FL 33414

Title DIRECTOR
Name POWELL, EMMA
Address 606 49TH ST
City-State-Zip: WEST PALM BEACH FL 33407

Title DIRECTOR
Name HYDE, LORNA
Address 217 HAWTHORNE DR
City-State-Zip: LAKE PARK FL 33403

Title DIRECTOR
Name WASHINGTON, KIMBERLY
Address 4911 AUSTRALIAN AVE
City-State-Zip: MANGONIA PARK FL 33407

Title DIRECTOR
Name CUENCO, KIMBERLYN
Address 506 SHADY PINE WAY
City-State-Zip: GREENACRES FL 33415

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: KIMBERLY WASHINGTON

DIRECTOR

04/28/2023

Electronic Signature of Signing Officer/Director Detail

Date