

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

DOCUMENT# N22000004984

**Entity Name:** THE GOOD MEASURE FOUNDATION, INC.

**Current Principal Place of Business:**

2138 PIEDMONT STREET  
ORLANDO, FL 32805

**Current Mailing Address:**

PO BOX 93472  
LAKELAND, FL 33804 US

**FEI Number: 76-0739630**

**Certificate of Status Desired: No**

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

BRADWAY, JACQUELYN  
5810 HART ROAD  
LAKELAND, FL 32810 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            CEO  
Name            HODGES, HOLLARD  
Address        2138 PIEDMONT STREET  
City-State-Zip: ORLANDO FL 32805

Title            D  
Name            BOXIE, SHELLITA  
Address        7728 CLARACONA-OCOEE ROAD  
City-State-Zip: CLARACONA FL 32710

Title            D  
Name            BAKARI, FABIAN  
Address        4861 TREVINO CIRCLE  
City-State-Zip: DULUTH GA 30096

Title            ST  
Name            BRADWAY, JACQUELYN  
Address        PO BOX 93472  
City-State-Zip: LAKELAND FL 32805

Title            BRDM  
Name            SMITH, CONNIE P  
Address        3530 ATTAPULGUS HIGHWAY  
City-State-Zip: QUINCY FL 32352

*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: JACQUELYN BRADWAY**

**ST**

**02/08/2024**

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

\_\_\_\_\_  
Date