

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22000007528

Entity Name: RIPTIDE RESILIENCY AND EMPOWERMENT CENTER INC

Current Principal Place of Business:

4285 WOKKER DRIVE
LAKE WORTH, FL 33467

Current Mailing Address:

PO BOX 212918
ROYAL PALM BEACH, FL 33421 US

FEI Number: 88-3222184

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HILL, MICHAEL
4285 WOKKER DRIVE
LAKE WORTH, FL 33467 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 PTD
Name HILL, MICHAEL
Address 4285 WOKKER DRIVE
City-State-Zip: LAKE WORTH FL 33467

Title VPFD
Name SKEENS, KARA DR.
Address 4285 WOKKER DRIVE
City-State-Zip: LAKE WORTH FL 33467

Title SD
Name GRAY, MONICA
Address 100 E LINCOLN BLVD, STE 150A
City-State-Zip: DELRAY BEACH FL 33483

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: MICHAEL HILL

PRESIDENT

04/30/2024

Electronic Signature of Signing Officer/Director Detail

Date