

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22000010070

Entity Name: PAY IT FORWARD PACKS CORP.**Current Principal Place of Business:**445 E MINNESOTA AVE
ORANGE CITY, FL 32763**Current Mailing Address:**445 E MINNESOTA AVE
ORANGE CITY, FL 32763 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**UNITED STATES CORPORATION AGENTS, INC.
476 RIVERSIDE AVE.
JACKSONVILLE, FL 32202 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	PRESIDENT
Name	ZACNY, TRACY
Address	445 E MINNESOTA AVE
City-State-Zip:	ORANGE CITY FL 32763

Title	TREASURER
Name	CARON, JUSTINE L
Address	3217 PIGEON COVE ST
City-State-Zip:	DELTONA FL 32738

Title	VP
Name	MEYER, MEGAN
Address	1600 PERIWINKLE AVE.
City-State-Zip:	DELAND FL 32724

Title	ASST. TREASURER
Name	CARON, AUBREY M
Address	730 W. HOWRY AVE.
City-State-Zip:	DELAND FL 32720

Title	SECRETARY
Name	ORAVETS, ALEXIS
Address	1600 PERIWINKLE AVE.
City-State-Zip:	DELAND FL 32724

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: TRACY ZACNY**PRESIDENT****03/18/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date