

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

DOCUMENT# N22000011320

**Entity Name:** TOUSSAINT L'OUVERTURE FOUNDATION FOR ARTS AND EDUCATION, INC.**Current Principal Place of Business:**7820 WHITE ASH STREET  
ORLANDO, FL 32819**Current Mailing Address:**7820 WHITE ASH STREET  
ORLANDO, FL 32819**FEI Number: 92-0737340****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**EULO, KENNETH SR.  
7820 WHITE ASH STREET  
ORLANDO, FL 32819 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                     |
| Name            | EULO, KENNETH SR.     |
| Address         | 7820 ASH WHITE STREET |
| City-State-Zip: | ORLANDO FL 32189      |

|                 |                      |
|-----------------|----------------------|
| Title           | D                    |
| Name            | WILLIAMS, LARRY      |
| Address         | 3916 ROSE PETAL LANE |
| City-State-Zip: | ORLANDO FL 32808     |

|                 |                       |
|-----------------|-----------------------|
| Title           | D                     |
| Name            | SIMMS, RUTH           |
| Address         | 7820 ASH WHITE STREET |
| City-State-Zip: | ORLANDO FL 32808      |

|                 |                       |
|-----------------|-----------------------|
| Title           | D                     |
| Name            | HIGGINS, KYLE         |
| Address         | 7820 ASH WHITE STREET |
| City-State-Zip: | ORLANDO FL 32808      |

*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: LARRY K WILLIAMS****DIRECTOR****04/28/2023**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date