#### 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: ANGELA CABRAL

# ST. JOHNS, FL 32295 **Current Mailing Address:**

**Current Principal Place of Business:** 

**158 BORACAY CIRCLE** ST. JOHNS. FL 32295 US

DOCUMENT# N22000012692

# FEI Number: 92-0998046

## Name and Address of Current Registered Agent:

Entity Name: ALTRUISTIC 1122 CORPORATION

CABRAL, ANGELA **158 BORACAY CIRCLE** ST. JOHNS, FL 32295 US

**158 BORACAY CIRCLE** 

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

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## **Officer/Director Detail :**

Title	P	Title	VP
Name	CABRAL, SAVANNAH A	Name	MAGDA, BRANDON D
Address	158 BORACAY CIRCLE	Address	2204 BENTON
City-State-Zip:	ST. JOHNS FL 32295	City-State-Zip:	MESA AZ 85209
Title	TRES	Title	SECR
Title Name	TRES MARCHESKI, CHRISTINA A	Title Name	SECR CABRAL, ANGELA

01/30/2024 CEO OWNER FOUNDER

# FILED Jan 30, 2024 Secretary of State 9999436846CC

Date

Certificate of Status Desired: No

Electronic Signature of Signing Officer/Director Detail

Date