### 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22000013418

Entity Name: I AM H.I.S SUPPORT CENTER, INC

**FILED** Apr 30, 2024 **Secretary of State** 1612777744CC

## **Current Principal Place of Business:**

2582 MAGUIRE RD **UNIT 120** OCOEE, FL 34761

# **Current Mailing Address:**

2582 MAGUIRE RD **UNIT 120** OCOEE, FL 34761 US

FEI Number: 92-0430053 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

EDMOND, STAMINA 2582 MAGUIRE RD **UNIT 120** OCOEE, FL 34761 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:

City-State-Zip:

Electronic Signature of Registered Agent

Date

## Officer/Director Detail:

Title Title

EDMOND, STAMINA EDMOND, BOBBY Name Name 2582 MAGUIRE RD 2582 MAGUIRE RD Address Address

**UNIT 120 UNIT 120** 

OCOEE FL 34761 City-State-Zip: OCOEE FL 34761

Title S Title Т

Name VALENTIN, SHERLINE Name JOSEPH, ROLENZCA A

Address 2582 MAGUIRE RD Address 2582 MAGUIRE RD

> **UNIT 120 UNIT 120**

City-State-Zip: OCOEE FL 34761 City-State-Zip: OCOEE FL 34761

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.