

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N23000002398

**Entity Name:** THRIVE FAMILY SUPPORT INC.

**Current Principal Place of Business:**

4880 WINDSOR LANDING DR  
UNIT 308  
FORT MYERS, FL 33966

**Current Mailing Address:**

7950 DANI DR STE 140, BOX 9  
FORT MYERS, FL 33966 US

**FEI Number:** 92-2738224

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

STRAUSS, JULIA E  
4880 WINDSOR LANDING DR  
UNIT 308  
FORT MYERS, FL 33966 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 MARTINEZ, JOSE  
Address 4880 WINDSOR LANDING DR, UNIT 308  
City-State-Zip: FORT MYERS FL 33966

Title S  
Name BANKS, KYLEE  
Address 4880 WINDSOR LANDING DR, UNIT 308  
City-State-Zip: FORT MYERS FL 33966

Title T  
Name VIG, AASHISH  
Address 4880 WINDSOR LANDING DR, UNIT 308  
City-State-Zip: FORT MYERS FL 33966

*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:** JOSE MARTINEZ

**BOARD PRESIDENT**

**04/09/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date