

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

DOCUMENT# N23000003223

**Entity Name:** TEACH MEMORY, INC.

**Current Principal Place of Business:**

470 SOUTH LIME AVENUE  
SARASOTA, FL 34237

**Current Mailing Address:**

470 SOUTH LIME AVENUE  
SARASOTA, FL 34237 UN

**FEI Number:** 92-3310256

**Certificate of Status Desired:** Yes

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

LOVEWELL, CHAD J  
470 SOUTH LIME AVENUE  
SARASOTA, FL 34237 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 LOVEWELL, CHAD J MR.  
Address 470 SOUTH LIME AVENUE  
City-State-Zip: SARASOTA FL 34237

Title VP  
Name LOVEWELL, GRETCHEN N MS..  
Address 470 SOUTH LIME AVENUE  
City-State-Zip: SARASOTA FL 34237

Title VP  
Name METIVIER, ANTHONY DR.  
Address BOX 933  
City-State-Zip: MOOLOOLABA QLD QL 4557

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:** CHAD J. LOVEWELL

**PRESIDENT**

**07/05/2024**

Electronic Signature of Signing Officer/Director Detail

Date