

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23000006523

Entity Name: QSB SIBLING WORKSHOPS INCORPORATED

Current Principal Place of Business:

9594 SW PURPLE MARTIN WAY
STUART, FL 34997

Current Mailing Address:

9594 SW PURPLE MARTIN WAY
STUART, FLORIDA, AL 34997 US

FEI Number: 93-1624778

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FRANCIS, MICHELE
9594 SW PURPLE MARTIN WAY
STUART, FL 34997 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,D
Name MICHELE, FRANCIS
Address 9594 SW PURPLE MARTIN WAY
City-State-Zip: STUART FL 34997

Title ASST. TREASURER
Name ST.IGNAC, TAIESHA
Address 4839 SEA OAT CIRCLE
City-State-Zip: WEST PALM BEACH FL 33417

Title S, ASST. SECRETARY
Name VICTOR, LIDIA
Address 7638 MEED CIRCLE
City-State-Zip: LAKE WORTH FL 33461

Title T
Name ADENIGBAGBE, ENITAN
Address 9594 SW PURPLE MARTIN WAY
City-State-Zip: STUART FL 34997

Title D
Name BETHEL, TRE
Address 7861 VENTURA WAY
City-State-Zip: BOYNTON FL 33437

Title SECRETARY
Name STEPHENS, ARIA
Address GRAND ANSE
City-State-Zip: ST GEORGES

Title ASSISTANT DIRECTOR
Name STARRATT, DAWN
Address 9594 SW PURPLE MARTIN WAY
City-State-Zip: STUART, FLORIDA FL 34997

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: MICHELE FRANCIS

PRESIDENT

03/20/2024

Electronic Signature of Signing Officer/Director Detail

Date