

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

DOCUMENT# N23000013465

**Entity Name:** BEAUTIFUL MINDS SOCIAL CENTER FOUNDATION, INC.

**Current Principal Place of Business:**

1037 S FLORIDA AVENUE  
SUITE 130  
LAKELAND, FL 33803

**Current Mailing Address:**

1037 S FLORIDA AVENUE  
SUITE 130  
LAKELAND, FL 33803 US

**FEI Number:** 93-4302619

**Certificate of Status Desired:** No

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

DAVIS, ERICA R  
1037 S FLORIDA AVENUE  
SUITE 130  
LAKELAND, FL 33803 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 DAVIS, ERICA R  
Address 1037 S FLORIDA AVE, STE 130  
City-State-Zip: LAKELAND FL 33803

Title VP  
Name DAVIS, ERIC D  
Address 1037 S FLORIDA AVE, STE 130  
City-State-Zip: LAKELAND FL 33803

Title T  
Name SIMON, NICOLE E  
Address 1603 SOUTH SIMMONS PLACE  
City-State-Zip: PLANT CITY FL 33563

Title S  
Name LONG, GROVER C V  
Address 2545 IRIS ANN DRIVE  
City-State-Zip: LAKELAND FL 33810

*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:** ERICA RAE DAVIS

**PRESIDENT**

**04/27/2024**

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

\_\_\_\_\_  
Date