

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46914

Entity Name: CREATE, INC.**Current Principal Place of Business:**224 NORTH MARTIN LUTHER KING JR BLVD
TALLAHASSEE, FL 32301-1061**Current Mailing Address:**224 N MARTIN L KING BLVD
TALLAHASSEE, FL 32301**FEI Number:** 59-3118145**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HOLMES, REV. R.B. JR.
224 NORTH MARTIN LUTHER KING JR BLVD
TALLAHASSEE, FL 32301-1061 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	PD
Name	HOLMES, R B JR
Address	5987 HEARTLAND CIRCLE
City-State-Zip:	TALLAHASSEE FL 32312

Title	CO-CHAIRMAN
Name	REAVES, ANTHONY
Address	5633 SIOUX DRIVE
City-State-Zip:	TALLAHASSEE FL 32317

Title	SECRETARY
Name	MOBLEY, RAY
Address	7290 WINTER CREEK LANE
City-State-Zip:	TALLAHASSEE FL 32309

Title	CHAIRMAN
Name	CARTER, LAWRENCE
Address	5461 CADDO DRIVE
City-State-Zip:	TALLAHASSEE FL 32309

Title	CO-CHAIRMAN
Name	COLEMAN, JAMES
Address	3257 MOUND DRIVE
City-State-Zip:	TALLAHASSEE FL 32309

Title	TREASURER
Name	PARKER, DENNISE
Address	2655 HARTFIELD ROAD
City-State-Zip:	TALLAHASSEE FL 32303

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: HOLMES , REV. R.B. , JR**PRESIDENT****06/08/2020**

Electronic Signature of Signing Officer/Director Detail

Date