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. DST

SIGNATURE: BETH EL XANDERS

Electronic Signature of Signing Officer/Director Detail

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:

Officer/Director Detail :			
Title	DT	Title	DST
Name	XANDERS, GREGORY A.	Name	XANDERS, BETH EL
Address	10213 FOX COVE ROAD	Address	10213 FOX COVE ROAD
City-State-Zip:	KNOXVILLE TN 37922	City-State-Zip:	KNOXVILLE TN 37922
T :41 -	DT.		
Title	DT		
Name	WINTERS, DEBBIE		
Address	PO BOX 10147		
City-State-Zip:	TALLAHASSEE FL 32304		

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

10213 FOX COVE ROAD KNOXVILLE, TN 37922

Current Mailing Address:

10213 FOX COVE ROAD KNOXVILLE. TN 37922 US

FEI Number: 59-3264079

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

XANDERS, BETH EL 6265 BLACKFOX WAY TALLAHASSEE, FL 32312 US

FILED Jan 18, 2020 Secretary of State 7645580841CC

Certificate of Status Desired: No

01/18/2020

Date

Date