oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execut		
above, or on an attachment with all other like empowered.		
SIGNATURE FRANK ZAMBRANA	TREASURER	04/23/2019

SIGNATURE: FRANK ZAMBRANA

CLERMONT FL 34711 City-State-Zip:

Title DP, PRESIDENT Name TATE, PAMELA Address 8 APPALOOSA

DOCUMENT# N95000001109

### **Current Mailing Address:**

453 SOUTH ATLANTIC AVE.

## Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

ZAMBRANA, FRANK SR 453 S. ATLANTIC AVE ORMOND BEACH, FL 32176 US

**Officer/Director Detail :** 

DT

SIGNATURE:

Title

ZAMBRANA, FRANK SR Name 453 S. ATLANTIC AVE Address City-State-Zip: ORMOND BEACH FL 32174 ORMOND BEACH FL 32176 City-State-Zip: Title SECRETARY SEGARRA, PEGGY Name 12560 KATHERINE CIR Address

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

Electronic Signature of Signing Officer/Director Detail

# **Current Principal Place of Business:**

453 SOUTH ATLANTIC AVE. ORMOND BEACH. FL 32176

ORMOND BEACH. FL 32176

## FEI Number: 59-3371409

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.

Certificate of Status Desired: No

Apr 23, 2019 Secretary of State 4874151537CC

Date

FILED

Date

TREASURER