

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000005053

**FILED**  
**Feb 18, 2023**  
**Secretary of State**  
**8930103913CC**

**Entity Name:** PFXA, INC.

**Current Principal Place of Business:**

2350 LEGENDS WAY  
CLERMONT, FL 34711

**Current Mailing Address:**

2350 LEGENDS WAY  
CLERMONT, FL 34711 US

**FEI Number:** 59-3470283

**Certificate of Status Desired:** No

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

BRET JONES, P.A.  
700 ALMOND STREET  
CLERMONT, FL 34711 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	BOARD MEMBER	Title	EXECUTIVE DIRECTOR, PRESIDENT
Name	RICHARDSON, DOROTHY DR.	Name	STRANGE, ALISON ESQ.
Address	2350 LEGENDS WAY	Address	700 ALMOND STREET
City-State-Zip:	CLERMONT FL 34711	City-State-Zip:	CLERMONT FL 34711
Title	BOARD MEMBER, VP	Title	BOARD MEMBER
Name	DECLERCQ, ANDREW	Name	VAUGHT, AVIS
Address	10812 PRIEBE ROAD	Address	2350 LEGENDS WAY
City-State-Zip:	CLERMONT FL 34711	City-State-Zip:	CLERMONT FL 34711
Title	BOARD MEMBER	Title	MGR
Name	TOPPINO, MAYSSA	Name	DOLUNT, KRISTINE
Address	1804 OAKLEY SEAVER DRIVE SUITE B	Address	2350 LEGENDS WAY
City-State-Zip:	CLERMONT FL 34711	City-State-Zip:	CLERMONT FL 34711

*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:** KRISTINE DOLUNT

**MANAGER**

**02/18/2023**

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

\_\_\_\_\_  
Date