

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005053

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
Name RICHARDSON, DOROTHY DR.
Address 2350 LEGENDS WAY
City-State-Zip: CLERMONT FL 34711

Title EXECUTIVE DIRECTOR, PRESIDENT
Name STRANGE, ALISON ESQ.
Address 700 ALMOND STREET
City-State-Zip: CLERMONT FL 34711

Title BOARD MEMBER, VP
Name DECLERCQ, ANDREW
Address 10812 PRIEBE ROAD
City-State-Zip: CLERMONT FL 34711

Title BOARD MEMBER
Name VAUGHT, AVIS
Address 2350 LEGENDS WAY
City-State-Zip: CLERMONT FL 34711

Title BOARD MEMBER
Name TOPPINO, MAYSSA
Address 1804 OAKLEY SEAVER DRIVE
SUITE B
City-State-Zip: CLERMONT FL 34711

Title MGR
Name DOLUNT, KRISTINE
Address 2350 LEGENDS WAY
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****04/30/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date