

2021 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006802

Entity Name: JOHN ENTWISTLE FOUNDATION INCORPORATED**Current Principal Place of Business:**205 NORTH COUNTY SHOPPING CENTER
PO BOX 569 SUITE 205
GOLDENS BRIDGE, NY 10526**Current Mailing Address:**13300 S. CLEVELAND AVE.
SUITE 56
FT. MYERS, FL 33907**FEI Number:** 20-0055088**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LUONGO, LAURIE
13450 PONDEROSA WAY
FT. MYERS, FL 33907 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	P
Name	LUONGO, LAURIE
Address	13450 PONDEROSA WAY
City-State-Zip:	FT. MYERS FL 33907

Title	D
Name	LUONGO, STEVE
Address	13450 PONDEROSA WAY
City-State-Zip:	FT. MYERS FL 33907

Title	V
Name	LUONGO, LAURIE
Address	13450 PONDEROSA WAY
City-State-Zip:	FORT MYERS FL 33907

Title	S
Name	BUMSTEAD, BRUCE
Address	158 COLABAUGN ROAD
City-State-Zip:	CROTON NY 10520

Title	TREASURER
Name	LUONGO, LAURIE
Address	13450 PONDEROSA WAY
City-State-Zip:	FORT MYERS FL 33907

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: LAURIE LUONGO**PRESIDENT****05/02/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date