

2022 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F19000004612

Entity Name: FOR GOODNESS CAKES, INC**Current Principal Place of Business:**2118 WILSHIRE BLVD #826
SANTA MONICA, CA 90403**Current Mailing Address:**2118 WILSHIRE BLVD #826
SANTA MONICA, CA 90403**FEI Number: 81-1038383****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NORTHWEST REGISTERED AGENT LLC
7901 4TH ST N #300
ST PETERSBURG, FL 33702 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	C
Name	LEHMAN, JAIME
Address	1217 21ST STREET APT C
City-State-Zip:	SANTA MONICA CA 90404

Title	D
Name	ANDERSON, DAN
Address	14348 CALIFA AVENUE
City-State-Zip:	SHERMAN OAKS CA 91401

Title	D
Name	BARBER, LORI
Address	5253 EAST APPIAN WAY
City-State-Zip:	LONG BEACH CA 90803

Title	S
Name	LAUGHLIN, RYAN
Address	1217 21ST STREET APT C
City-State-Zip:	SANTA MONICA CA 90404

Title	T
Name	HARRIS, JAMES
Address	2118 WILSHIRE BLVD #826
City-State-Zip:	SANTA MONICA CA 90403

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: JAIME LEHMAN**CHAIRMAN****03/18/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date