FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

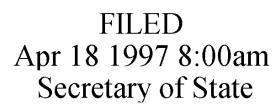
Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997

DOCUMENT #

N9400000715 (2)



Principal Place of Business Mailing Address									
2700 COOLIDGE AVE. PO BOX 580097 ORLANDO FL 32804 ORLANDO FL 32858-0097									
						3. Date Incorporated or Qualified 3a. D	04/15/19		
2. Principal Place of Business 2a. Mailing Address 21						59-3233467 Not App		pplied For ot Applicable	
Suite, Apt #, etc. Suite, Apt. 22 27 City & State City & Sta			· · · · · · · · · · · · · · · · · · ·			5. Certificate of Status Desired	Fee R	Additional lequired	
23		28				6. Election Campaign Financing Trust Fund Contribution		May Be to Fees	
Zip 24	Country 25	Zip 29	Cour 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No		3. 199.032,	
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered	Agent		
]	81	Name	_]	
OFORI, EDNA 2078 ASHLAND BLVD					Street Addr	iss (P.O. Box Number is Not Acceptable)			
ORLAND	OO FL 32808		63						
					City	FL	- ``	Code	
11. Pursuant office or r agent La	to the provisions of Sections 617.05 registered agent, or both, in the Stat im familiar with, and accept the obli-	02 and 617.1508, Florida Statu e of Florida. Such change was gations of, Section 617.0503, F	ites, the ab authorized lorida Stati	ove- by tutes.	named corp the corporat	poration submits this statement for the purpose of tion's board of directors. I hereby accept the ap	of changing is pointment as	its registered registered	
SIGNATURE								[
	Signature, typed or printed name of registered as			Agent	signature requir	red when reinstating) DATE	D DIOCOTO	56.11.46	
12. 10LE	C OFFICERS AT	ND DIRECTORS DELETE	13. 1.1 Til			ADDITIONS/CHANGES TO OFFICERS AN	Change	Addition	
NAME	MCDELLAH, DANIEL			1.2 NAME			crange		
STREET ADDRESS	101D 111D 511D		1.3 STREET ADDRESS		DINDEGG			Į.	
CITY-ST-ZIP	ORLANDO FL 32808	-		1.4 CITY-ST-ZIP			r		
TITLE	P	DELETE	21 TIT		- £11		Change	Addition	
NAME	FILS-AIME, ANTOINE		2.2 NA		1		_ •		
STREET ADDRESS	2201 KINGSLAND AVE		2.3 \$1	REET A	DORESS				
CITY - ST - ZIP	ORLANDO FL 32808			TY-ST	-ZIP				
TITLE	V	DELETE	3.1 TIT				Change	Addition	
NAME	JOHNSON, ANITA		3.2 NA	ME				ļ	
STREET ADDRESS	915 KIRK ST		3.3 ST	REET A	DDRESS			J	
CITY-\$T-ZIP	ORLANDO FL 32808		3.4. Cr	TY-\$T	- ZIP				
TITLE	D	☐ DELETE	4.1 TIT	LE			Change	Addition	
NAME	WEICHRAUCH, VICTORIA		4. 2 N/	ME				j	
STREET ADDRESS	4420 NW 4 ST.		4.3 ST	REET A	DDRESS				
CITY-ST-ZIP	PLANTATION FL 33317		4.4 CiT	*******	ZIP				
TITLE	D	☐ DELETE	5.1 TIT		j		Change	Addition	
NAME	ERNEST, LYDIE		5.2 NA	ME	-				
STREET ADDRESS	2406 ASHLAND BLVD		5.3 ST	REET A	DORESS				
CITY - ST - ZIP	ORLANDO FL 32808	The section of the se	5.4 CIT		- ZIP		<u> </u>		
TITLE	D	DELETE	6.1 TIT				Change	☐ Addition	
NAME	FANFAN, FRANTZ		6.2 NA					ļ	
STREET ADDRESS	1017 W ORANGE RD		6.3 ST	REET A	DDRESS				
CITY-ST-ZIP	ORLANDO FL 32809	nd with this filing does not aug		Y-\$T-		d in Cookies 440 07(2V). Elected Statutes I touth		Lab a	

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with art oddress.