2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2020
Secretary of State
5948598066CC

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Entity Name: BUENA VIDA FOUNDATION, INC.

Current Principal Place of Business:

2129 W. NEW HAVEN AVENUE
WEST MELBOURNE, FL 32904

Current Mailing Address:

2129 W. NEW HAVEN AVENUE
WEST MELBOURNE, FL 32904

FEI Number: 30-0060190

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAUTENSCHLAGER, KARIN
2129 W. NEW HAVEN AVENUE
WEST MELBOURNE, FL 32904 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	DIRECTOR
Name	HEINE, DON
Address	2129 WEST NEW HAVEN AVENUE
City-State-Zip:	WEST MELBOURNE FL 32904

Title	PRESIDENT
Name	KISPERT, JOHN
Address	2129 WEST NEW HAVEN AVENUE
City-State-Zip:	WEST MELBOURNE FL 32904

Title	SECRETARY
Name	COBB, LARRY
Address	2129 W. NEW HAVEN AVENUE
City-State-Zip:	WEST MELBOURNE FL 32904

Title	DIRECTOR
Name	FLYNN, WILLIAM
Address	2129 W. NEW HAVEN AVENUE
City-State-Zip:	WEST MELBOURNE FL 32904

Title	DIRECTOR
Name	LAUTENSCHLAGER, KARIN
Address	2129 WEST NEW HAVEN AVE
City-State-Zip:	WEST MELBOURNE FL 32904

Title	TREASURER
Name	GUNDLACH, WILLIAM
Address	2129 W. NEW HAVEN AVENUE
City-State-Zip:	WEST MELBOURNE FL 32904

Title	DIRECTOR
Name	CROCKER, CONSTANCE
Address	2129 W. NEW HAVEN AVENUE
City-State-Zip:	WEST MELBOURNE FL 32904

Title	VP
Name	MELLE, RUSTY
Address	2129 W. NEW HAVEN AVENUE
City-State-Zip:	WEST MELBOURNE FL 32904

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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: JOHN KISPERT PRESIDENT 03/12/2020

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	MORRISON, CARL
Address	2129 W. NEW HAVEN AVENUE
City-State-Zip:	WEST MELBOURNE FL 32904