## 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. 02/04/2020

SIGNATURE: MICHAEL P. MCKEE

Electronic Signature of Signing Officer/Director Detail

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.

## Electronic Signature of Registered Agent

Officer/Director Detail :			
Title	D	Title	0
Name	MCKEE, MICHAEL P	Name	WILEY, LYNNE
Address	459 STONEWOOD LANE	Address	459 STONEWOOD LANE
City-State-Zip:	MAITLAND FL 32751	City-State-Zip:	MAITLAND FL 32751
Title	0		
Name	MCKEE, SARAH W		
Address	459 STONEWOOD LANE		

### cer/Director Detail C

City-State-Zip: MAITLAND FL 32751

MAITLAND, FL 32751

## Name and Address of Current Registered Agent:

MCKEE, MICHAEL P

459 STONEWOOD LANE MAITLAND, FL 32751 US

SIGNATURE:

FEI Number: 54-2107197

Entity Name: INSPIRE CHARITABLE FOUNDATION, INC.

## **Current Principal Place of Business:**

459 STONEWOOD LANE MAITLAND. FL 32751

# **Current Mailing Address:**

459 STONEWOOD LANE

# DOCUMENT# N03000003351

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Feb 04, 2020 Secretary of State 0490466041CC

FILED

Certificate of Status Desired: No

Date

Date

DIRECTOR