

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000005552

**Entity Name:** CELAJE FOUNDATION, INC.

**Current Principal Place of Business:**

5121 FAIRFAX WEST  
LAKELAND, FL 33813

**FILED**  
**Feb 11, 2016**  
**Secretary of State**  
**CC2700896442**

**Current Mailing Address:**

165 KILBORNE RD  
MOORESVILLE, NC 28117

**FEI Number: 32-0082721**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

HERNANDEZ, OWEN  
5121 FAIRFAX WEST  
LAKELAND, FL 33813 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 PSTD  
Name HERNANDEZ, OWEN  
Address 165 KILBORNE RD  
City-State-Zip: MOORESVILLE NC 28117

Title D  
Name HERNANDEZ, ELIZABETH  
Address 5121 FAIRFAX WEST  
City-State-Zip: LAKELAND FL 33813

Title D  
Name HERNANDEZ, ABILIO E  
Address 5121 FAIRFAX WEST  
City-State-Zip: LAKELAND FL 33813

Title D  
Name HERNANDEZ, ELISSA  
Address 5121 FAIRFAX WEST  
City-State-Zip: LAKELAND FL 33813

Title D  
Name HERNANDEZ, CASSANDRA  
Address 5121 FAIRFAX WEST  
City-State-Zip: LAKELAND FL 33813

Title D  
Name HERNANDEZ, GABRIELLE  
Address 5121 FAIRFAX WEST  
City-State-Zip: LAKELAND FL 33813

*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: OWEN HERNANDEZ**

**PRESIDENT**

**02/11/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date