·				
The above named er	ntity submits this statement for the purpose of changing its registe	ered office or regist	ered agent, or both, in the State of Flo	orida.
SIGNATURE:	RICHARD A FURLONG			03/23/2021
	Electronic Signature of Registered Agent			Date
Officer/Directo	or Detail :			
Title P	PRESIDENT, SECRETARY	Title	VP	
Name F	FURLONG, RICHARD A	Name	FURLONG, CLAUDIA	
Address P	P.O. BOX 17135	Address	15220 LEITH WALK LANE	
			T.L	

## 2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000012165

Entity Name: PURA VIDA CHARITIES INC.

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

15220 LEITH WALK LANE TAMPA, FL 33618

#### **Current Mailing Address:**

15220 LEITH WALK LANE TAMPA, FL 33618 US

## FEI Number: 20-5936151

### Name and Address of Current Registered Agent:

FURLONG, RICHARD A 15220 LEITH WALK LANE TAMPA, FL 33618 US

Officer/Director Detail :				
Title	PRESIDENT, SECRETARY	Title	VP	
Name	FURLONG, RICHARD A	Name	FURLONG, CLAUDIA	
Address	P.O. BOX 17135	Address	15220 LEITH WALK LANE	
City-State-Zip:	TAMPA FL 33682	City-State-Zip:	TAMPA FL 33618	

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: RICHARD FURLONG

PRESIDENT

03/23/2021

Electronic Signature of Signing Officer/Director Detail

Date

# FILED Mar 23, 2021 Secretary of State 5700236610CC

Certificate of Status Desired: No