

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000004129

**FILED**  
**Sep 06, 2014**  
**Secretary of State**  
**CC7303603987**

**Entity Name:** THE TRANSFORMING PLACE, INC.

**Current Principal Place of Business:**

3985 DANDELION COVE  
OVIEDO, FL 32766

**Current Mailing Address:**

3985 DANDELION COVE  
OVIEDO, FL 32766 US

**FEI Number:** 20-8852745

**Certificate of Status Desired:** No

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

MATEOLA, YEMI  
3985 DANDELION COVE  
OVIEDO, FL 32766 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            PRES  
Name            MATEOLA, YEMI  
Address        3985 DANDELION COVE  
City-State-Zip: OVIEDO FL 32766

Title            SEC  
Name            SWAN-JEFFERS, TELANNA  
Address        2244 ALBION AVE  
City-State-Zip: ORLANDO FL 32833

Title            VP  
Name            MATEOLA, AYO  
Address        3985 DANDELION COVE  
City-State-Zip: OVIEDO FL 32765

Title            DIRECTOR  
Name            BROOKS, EZEKIEL  
Address        11842 VIA LUCERNA CIRCLE  
City-State-Zip: WINDERMERE FL 34786

*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:** YEMI MATEOLA

**PRESIDENT**

**09/06/2014**

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

\_\_\_\_\_  
Date