

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000011955

**Entity Name:** CLARK CHARITIES INCORPORATED

**Current Principal Place of Business:**

4955 PARKVIEW DR  
ST. CLOUD, FL 34771

**Current Mailing Address:**

4955 PARKVIEW DR  
ST. CLOUD, FL 34771

**FEI Number:** 39-2068957

**Certificate of Status Desired:** No

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

CLARK, LORENZO  
4955 PARKVIEW DR  
ST. CLOUD, FL 34771 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 PD  
Name CLARK, LORENZO  
Address 4955 PARKVIEW DR.  
City-State-Zip: SAINT CLOUD FL 34771

Title D  
Name CLARK, LISA  
Address 13543 KITTY FORK RD  
City-State-Zip: ORLANDO FL 32828

Title D  
Name ASH, DOUG  
Address 13759 CHAUVIN AVE.  
City-State-Zip: ORLANDO FL 32827

Title SECRETARY  
Name CIEKOT, ASHLEY  
Address 9350 GREEN DRAGON ST.  
City-State-Zip: ORLANDO FL 32827

Title D  
Name NOFUENTE, OWEN  
Address 2301 CARNATION HILL CT.  
City-State-Zip: ORLANDO FL 32820

*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:** LORENZO P CLARK

**PRESIDENT**

**04/18/2022**

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

\_\_\_\_\_  
Date