

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000011146

**FILED**  
**Apr 23, 2023**  
**Secretary of State**  
**3875928946CC**

**Entity Name:** THE STATE OF FLORIDA OMEGA FRIENDSHIP FOUNDATION,  
INCORPORATED

**Current Principal Place of Business:**

1312 EAST ROBINSON STREET  
ORLANDO, FL 32801

**Current Mailing Address:**

1312 EAST ROBINSON STREET  
ORLANDO, FL 32801 US

**FEI Number: 80-0314764**

**Certificate of Status Desired: No**

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

YOUNG, ANDRE T  
1312 EAST ROBINSON STREET  
ORLANDO, FL 32801 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 P  
Name BROWN, KEN  
Address 1312 EAST ROBINSON STREET  
City-State-Zip: ORLANDO FL 32801

Title V  
Name TURNER, JAVON  
Address 1312 EAST ROBINSON STREET  
City-State-Zip: ORLANDO FL 32801

Title TREASURER  
Name JOHNSON, CHRISTOPHER  
Address 1312 EAST ROBINSON STREET  
City-State-Zip: ORLANDO FL 32801

Title SECRETARY  
Name BOSTICK, MICHAEL T  
Address 1312 EAST ROBINSON STREET  
City-State-Zip: ORLANDO FL 32801

Title GENERAL COUNSEL  
Name YOUNG, ANDRE T  
Address 1312 EAST ROBINSON STREET  
City-State-Zip: ORLANDO FL 32801

*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: KEN BROWN**

**P**

**04/23/2023**

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

\_\_\_\_\_  
Date