

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000003472

Entity Name: AVENUES 12, INC.**Current Principal Place of Business:**204 SOUTH STREET
DAYTONA BEACH, FL 32114**Current Mailing Address:**204 SOUTH STREET
DAYTONA BEACH, FL 32114 US**FEI Number:** 27-0517296**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BAYER, DENNIS KESQ.
109 SOUTH 6TH ST
SUITE 200
PALM COAST, FL 32164 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 PRESIDENT
Name BAKER, CARYN
Address 40 PINE VALLEY CIRCLE
City-State-Zip: ORMOND BEACH FL 32174

Title EXECUTIVE DIRECTOR
Name HAYES, LILLIAN K
Address 144 AVOCET COURT
City-State-Zip: DAYTONA BEACH FL 32119

Title DIRECTOR
Name IRISH, MARGARET
Address 2910 YARLING CT
City-State-Zip: FALLS CHURCH VA 22042

Title TREASURER
Name O'CONNOR, KERRY
Address 1301 W GRANADA BLVD
City-State-Zip: ORMOND BEACH FL 32174

Title DIRECTOR
Name STROHECKER, DAVID
Address 1764 LIVE OAK LANE
City-State-Zip: ATLANTIC BEACH FL 32233

Title DIRECTOR
Name CAMPBELL, JUDITH
Address 1426 PRINCESS PAULA DR
City-State-Zip: PORT ORANGE FL 32129

Title DIRECTOR
Name RODRIGUEZ, MICHAEL
Address 444 SEABREEZE BLVD.
SUITE 890
City-State-Zip: DAYTONA BEACH FL 32118

Title SECRETARY
Name DAVIS, CHRISTINA
Address 221 RIVERBEND ROAD
City-State-Zip: ORMOND BEACH FL 32174

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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: LILLIAN HAYES

EXECUTIVE DIRECTOR

01/11/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	SMITH, KATHRYN
Address	21 SILVER FOX TRAIL
City-State-Zip:	ORMOND BEACH FL 32174