

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000008398

Entity Name: MT. EVERETT RESOURCE AND LEARNING CENTER, INC.**Current Principal Place of Business:**318 NW 9TH ST
HALLANDALE, FL 33009**Current Mailing Address:**2046 FELTON AVENUE
MACON, GA 31201 US**FEI Number: 30-0696040****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KELLEY, PAUL LREV
318 NW 9TH ST
HALLANDALE, FL 33009 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	V.P.
Name	GOLDEN, WILLIE DR
Address	18910 NW 29 PL
City-State-Zip:	MIAMI GARDENS FL 33056

Title	SEC
Name	LATIMORE-KELLEY, LESA
Address	318 NW 9TH ST
City-State-Zip:	HALLANDALE FL 33009

Title	ASST. TREASURER
Name	BLOUNT, LATRECE
Address	2046 FELTON AVENUE
City-State-Zip:	MACON GA 31201

Title	COO
Name	KELLEY, PAUL L. REV.
Address	2046 FELTON AVENUE
City-State-Zip:	MACON GA 31201

Title	TREASURER
Name	BUSH, AFRIKA
Address	2046 FELTON AVENUE
City-State-Zip:	MACON GA 31201

Title	ASST. SECRETARY
Name	LATIMORE, BRENDA R. DR.
Address	2046 FELTON AVENUE
City-State-Zip:	MACON GA 31201

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: LESA LATIMORE-KELLEY**SECRETARY****04/12/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date