

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000009984

**FILED**  
**Feb 04, 2015**  
**Secretary of State**  
**CC8863977966**

**Entity Name:** TAKE 1-4-U CORPORATION

**Current Principal Place of Business:**

328 8 AV. N.  
ST. PETERSBURG, FL 33701

**Current Mailing Address:**

P.O. BOX 3929  
ST. PETERSBURG, FL 33731 US

**FEI Number:** 27-3654889

**Certificate of Status Desired:** No

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

BOOMSMA, JOHANNA JI  
328 8 AV. N.  
ST. PETERSBURG, FL 33701 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 SD, SECRETARY, TREASURER  
Name BOOMSMA, JOHANNA JI  
Address 328 8 AV. N.  
City-State-Zip: ST. PETERSBURG FL 33701

Title VD, VP  
Name MARSHICK, TIMOTHY  
Address 9721 S PULASKI RD.  
City-State-Zip: EVERGREEN PARK IL 60805

Title PD, PRESIDENT  
Name ELLIS, ROBIN  
Address 740 CAPRI BLVD  
City-State-Zip: TREASURE ISLAND FL 33706

Title D  
Name ABRAHAM, HAIKE  
Address 116 9TH AVE N  
City-State-Zip: ST PETERSBURG FL 33701

*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:** JOHANNA J BOOMSMA

**TREASURER**

**02/04/2015**

Electronic Signature of Signing Officer/Director Detail

Date