

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000000763

Entity Name: INSPIRATION AND CHANGE INC.**Current Principal Place of Business:**1117 ORANGE AVE
SANFORD, FL 32771**Current Mailing Address:**401 EAST 1ST STREET
BOX 375
SANFORD, FL 32772 US**FEI Number:** 27-4657493**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**STRICKLAND-ROBERTS, RONESSA
1117 ORANGE AVE
SANFORD, FL 32771 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	ED
Name	STRICKLAND-ROBERTS, RONESSA
Address	401 EAST 1ST STREET BOX 428
City-State-Zip:	SANFORD FL 32772

Title	BM
Name	NIXON, NAKIA SECRETARY
Address	401 EAST 1ST STREET BOX 375
City-State-Zip:	SANFORD FL 32772

Title	BM
Name	STRICKLAND, MATTHEW TREASURER
Address	401 EAST 1ST STREET BOX 428
City-State-Zip:	SANFORD FL 32772

Title	BM
Name	JOHNSON, APRIL BOARD MEMBER
Address	401 EAST 1ST STREET BOX 428
City-State-Zip:	SANFORD FL 32772

Title	BOARD MEMBER
Name	MIRANDA, NICOLE
Address	401 EAST FIRST STREET UNIT 375
City-State-Zip:	SANFORD FL 32772

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: RONESSA STRICKLAND-ROBERTS**EXECUTIVE DIRECTOR****04/26/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date