

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000007038

**Entity Name:** BISCAYNE MYCROSCHOOL, INC.

**Current Principal Place of Business:**

1680 DUNN AVENUE  
JACKSONVILLE, FL 32218

**Current Mailing Address:**

1204 NW 69TH TERRACE  
SUITE B  
GAINESVILLE, FL 32605 US

**FEI Number:** 45-5067615

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
C/O C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 CHAIRMAN  
Name MCCRAY, BRANDON  
Address 1680 DUNN AVENUE  
City-State-Zip: JACKSONVILLE FL 32218

Title VC  
Name WILLIAMS, EFFEREM  
Address 1680 DUNN AVENUE  
City-State-Zip: JACKSONVILLE FL 32218

Title TREASURER  
Name RILEY, SHERMAN  
Address 1680 DUNN AVENUE  
City-State-Zip: JACKSONVILLE FL 32218

Title SECRETARY  
Name GRANT, TAMEIKO  
Address 1680 DUNN AVENUE  
City-State-Zip: JACKSONVILLE FL 32218

*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:** TAMEIKO GRANT

**SECRETARY**

**04/28/2021**

Electronic Signature of Signing Officer/Director Detail

Date