

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000008595

**Entity Name:** TRANSFORMATION STATION OF FLORIDA INC.

**Current Principal Place of Business:**

3236 BEACON SQUARE DRIVE  
HOLIDAY, FL 34691

**Current Mailing Address:**

3236 BEACON SQUARE DRIVE  
HOLIDAY, FL 34691

**FEI Number: 45-3231482**

**Certificate of Status Desired: No**

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

BERRY, PHILIP R  
3236 BEACON SQUARE DR  
HOLIDAY, FL 34691 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 P  
Name BERRY, NANCY W  
Address 3236 BEACON SQUARE DRIVE  
City-State-Zip: HOLIDAY FL 34691

Title D  
Name BERRY, PHILIP R  
Address 3236 BEACON SQUARE DRIVE  
City-State-Zip: HOLIDAY FL 34691

Title DIRECTOR  
Name GIAR, TOM  
Address 1525 RIVERDALE DRIVE  
City-State-Zip: OLDSMAR FL 34677

*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: PHILIP R BERRY**

**DIRECTOR**

**01/25/2024**

Electronic Signature of Signing Officer/Director Detail

Date