

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000010905

**Entity Name:** INBOUND FOUNDATION, INC.**Current Principal Place of Business:**115 E ASHLAND AVENUE  
HASTINGS, FL 32145**Current Mailing Address:**P.O. BOX 923  
HASTINGS, FL 32145**FEI Number:** 45-2924438**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WALDROP, BRADLEY AESQ.  
2303 NORTH PONCE DE LEON BOULEVARD  
ST.AUGUSTINE, FL 32084 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:** BRADLEY WALDROP

08/28/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title EXECUTIVE CHAIRMAN  
Name CARTER, PATRICK B  
Address 115 E ASHLAND AVENUE  
City-State-Zip: HASTINGS FL 32145

Title PRESIDENT  
Name FREEMAN, DESHAUDE A  
Address 115 E ASHLAND AVENUE  
City-State-Zip: HASTINGS FL 32145

Title OFFICER  
Name HACKNEY, LEVARTIS M  
Address 9955 AMOS STREET  
City-State-Zip: HASTINGS FL 32145

Title CEO  
Name MOORE, BRYAN N  
Address 701 EAST STREET  
City-State-Zip: HASTINGS FL 32145

Title CHIEF DEVELOPMENT OFFICER  
Name CARLOS , FELDER  
Address P.O. BOX 127  
City-State-Zip: HASTINGS FL 32145

Title EXECUTIVE DIRECTOR OF HEALTH  
AND HUMAN SERVICES  
Name BARA, JAMES W  
Address 805 PINE PARK LANE  
City-State-Zip: SAINT AUGUSTINE FL 32084

*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:** PATRICK CARTER

CHAIRMAN

08/28/2017

Electronic Signature of Signing Officer/Director Detail

Date