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

DOCUMENT# N11000011745

Entity Name: FLORIDA RIGHTS RESTORATION COALITION, INC.

**FILED** Apr 30, 2017 **Secretary of State** CC8001880427

# **Current Principal Place of Business:**

4797 MAPLE PARK STREET ORLANDO, FL 32811

## **Current Mailing Address:**

P.O.BOX 555809

ORLANDO, FL 32855 US

FEI Number: 30-0714793 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

MEADE, DESMOND 4797 MAPLE PARK STREET ORLANDO, FL 32811 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

Name

MEADE, DESMOND B

Address P.O.BOX 555809

ORLANDO FL 32855 City-State-Zip:

Title **SECRETARY** 

Name NEIL, VOLZ

Address 2200 CARACAS COURT FT. MEYERS FL 33907

City-State-Zip:

Title ASST. SECRETARY JOHNSON, NIKKI Name

P.O.BOX 555809 Address

City-State-Zip: ORLANDO FL 32855

Name CHIAPPONE, JESSICA

VΡ

Address 138 W. PALMETTO PARK ROAD

City-State-Zip: BOCA RATON FL 33432

Title **TREASURER** 

Title

Name ORLANDO, MICHAEL J

**PRESIDENT** 

Address **PO BOX 203** 

MIMS FL 32754 City-State-Zip:

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: DESMOND MEADE Electronic Signature of Signing Officer/Director Detail 04/30/2017

Date