

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000011745

**Entity Name:** FLORIDA RIGHTS RESTORATION COALITION, INC.**Current Principal Place of Business:**4081 LB MCLEOD RD,  
UNIT C  
ORLANDO, FL 32811**Current Mailing Address:**4081 LB MCLEOD RD,  
UNIT C  
ORLANDO, FL 32811 US**FEI Number:** 30-0714793**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MEADE, DESMOND  
4081 LB MCLEOD RD  
UNIT C  
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	P
Name	MEADE, DESMOND B
Address	4081 L. B. MCLEOD RD. C
City-State-Zip:	ORLANDO FL 32811

Title	SECRETARY
Name	ORLANDO, MICHAEL J
Address	PO BOX 203
City-State-Zip:	MIMS FL 32754

Title	VP, SECRETARY
Name	NEIL, VOLZ
Address	4081 LB MCLEOD RD
City-State-Zip:	ORLANDO FL 32811

Title	TREASURER
Name	CALVIN, COLLEEN
Address	4081 L.B. MCLEOD RD C
City-State-Zip:	ORLANDO FL 32811

*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**PRESIDENT****04/22/2022**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date