Electronic Signature of Signing Officer/Director Detail

#### 2020 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

## 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

#### **Officer/Director Detail :**

| Title           | Ρ                       | Title           | VP                              |
|-----------------|-------------------------|-----------------|---------------------------------|
| Name            | MEADE, DESMOND B        | Name            | YOUNTS, JESSICA                 |
| Address         | P.O.BOX 555809          | Address         | 4081 LB MCLEOD RD               |
| City-State-Zip: | ORLANDO FL 32855        | City-State-Zip: | ORLANDO FL 32811                |
|                 |                         |                 |                                 |
|                 |                         |                 |                                 |
| Title           | SECRETARY               | Title           | TREASURER                       |
| Title<br>Name   | SECRETARY<br>NEIL, VOLZ | Title<br>Name   | TREASURER<br>ORLANDO, MICHAEL J |
|                 |                         |                 |                                 |

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.

PRESIDENT

SIGNATURE: DESMOND MEADE

Date

FILED Jun 23, 2020 Secretary of State 4121563173CC

Certificate of Status Desired: No

06/23/2020 Date