

**2024 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	Title	DEPUTY EXECUTIVE DIRECTOR
Name	MEADE, DESMOND B	Name	NEIL, VOLZ
Address	4081 L. B. MCLEOD RD. C	Address	4081 LB MCLEOD RD
City-State-Zip:	ORLANDO FL 32811	City-State-Zip:	ORLANDO FL 32811
Title	CHAIRMAN	Title	SECRETARY
Name	HENDERSON, NORRIS	Name	GRIMM, KRISTEN
Address	4930 WASHINGTON AVE	Address	2300 N STREET NW SUITE 610
City-State-Zip:	NEW ORLEANS LA 70125	City-State-Zip:	WASHINGTON DC 20037
Title	TREASURER		
Name	BENTON, SALANDRA		
Address	3804 SABLE PALM LANE UNIT B		
City-State-Zip:	TITUSVILLE FL 32780		

*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

**EXECUTIVE DIRECTOR**

**01/31/2024**

Electronic Signature of Signing Officer/Director Detail

Date