

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000004715

Entity Name: FOUR POINTS OF PERFECTION FOUNDATION INC.**Current Principal Place of Business:**6638 CLAIR SHORE DRIVE
APOLLO BEACH, FL 33572**Current Mailing Address:**P.O. BOX 16663
TAMPA, FL 33687 US**FEI Number:** 45-5244662**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILSON-SMITH, CHRISTINA L
6638 CLAIR SHORE DRIVE
APOLLO BEACH, FL 33572 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:** CHRISTINA WILSON-SMITH

04/12/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name OLUSHOLA, JOYCE
Address 17214 QUIET COVEY COURT
City-State-Zip: MISSOURI CITY TX 77489

Title D
Name VEREEN, SHARRIE
Address P.O. BOX 9652
City-State-Zip: RIVIERA BEACH FL 33419

Title D
Name WILSON-SMITH, CHRISTINA
Address 6638 CLAIR SHORE DRIVE
City-State-Zip: APOLLO BEACH FL 33572

Title DIRECTOR
Name MITCHELL, LADESSA
Address 4208 EAST EVA AVENUE
City-State-Zip: TAMPA FL 33617

Title DIRECTOR
Name QURESHI, SALEEMA
Address 11105 NORTH 20TH STREET
City-State-Zip: TAMPA FL 33612

Title DIRECTOR
Name PETITFORT, ERFILIE
Address 13036 AVALON CREST CT.
City-State-Zip: RIVERVIEW FL 33579

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: CHRISTINA WILSON-SMITH

DIRECTOR

04/12/2016

Electronic Signature of Signing Officer/Director Detail

Date