

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000005627

Entity Name: IGEE FOUNDATION INC.**Current Principal Place of Business:**820 W LAKE MARY BLVD., SUITE 202
SANFORD, FL 32773**Current Mailing Address:**820 W LAKE MARY BLVD., SUITE 202
SANFORD, FL 32773 US**FEI Number:** 45-5441411**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**IGEE FOUNDATION, INC.
820 W LAKE MARY BLVD.,
202
SANFORD, FL 32773 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:** ERNIE REYES

01/10/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	D
Name	REYES, ERNESTO
Address	820 W LAKE MARY BLVD., SUITE 202
City-State-Zip:	SANFORD FL 32773

Title	D
Name	MAGUIRE, IVETTE
Address	820 W LAKE MARY BLVD., SUITE 202
City-State-Zip:	SANFORD FL 32773

Title	D
Name	SOFFER, GISSETTE
Address	820 W LAKE MARY BLVD., SUITE 202
City-State-Zip:	SANFORD FL 32773

Title	D
Name	REYES, ERNESTO JR
Address	820 W LAKE MARY BLVD., SUITE 202
City-State-Zip:	SANFORD FL 32773

Title	D
Name	REYES, ANA E
Address	820 W LAKE MARY BLVD., SUITE 202
City-State-Zip:	SANFORD FL 32773

Title	E
Name	REYES, ERLIC
Address	820 W LAKE MARY BLVD., SUITE 202
City-State-Zip:	SANFORD FL 32773

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: ERNESTO REYES**DIRECTOR**

01/10/2015

Electronic Signature of Signing Officer/Director Detail

Date