EMMANUEL, SEAN 5853 NW 54TH CIRCLE CORAL SPRINGS, FL 33067 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.			
SEAN EMMANUEL			03/16/2023
Electronic Signature of Registered Agent			Date
Officer/Director Detail :			
VP	Title	PRESIDENT	
EMMANUEL, CLAUSETTE	Name	EMMANUEL, SEAN	
5853 NW 54TH CIRCLE	Address	5853 NW 54TH CIRCLE	
CORAL SPRINGS FL 33067	City-State-Zip:	CORAL SPRINGS FL 33067	
SECRETARY	Title	ASST. SECRETARY	
EMMANUEL, NORA B	Name	COPPER, CHRISTINA	
5853 NW 54TH CIRCLE	Address	1341 NW 18TH DR APT 308	
	CIRCLE SS, FL 33067 US I entity submits this statement for the purpose of changing its reginned E SEAN EMMANUEL Electronic Signature of Registered Agent Ctor Detail : VP EMMANUEL, CLAUSETTE 5853 NW 54TH CIRCLE CORAL SPRINGS FL 33067 SECRETARY EMMANUEL, NORA B	CIRCLE SS, FL 33067 US I entity submits this statement for the purpose of changing its registered office or regis E SEAN EMMANUEL Electronic Signature of Registered Agent Ctor Detail : VP Title EMMANUEL, CLAUSETTE Name 5853 NW 54TH CIRCLE Address CORAL SPRINGS FL 33067 City-State-Zip: SECRETARY Title EMMANUEL, NORA B Name	CIRCLE SS, FL 33067 US I entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flo Electronic Signature of Registered Agent Ctor Detail : VP Title PRESIDENT EMMANUEL, CLAUSETTE Name EMMANUEL, SEAN 5853 NW 54TH CIRCLE Address 5853 NW 54TH CIRCLE CORAL SPRINGS FL 33067 City-State-Zip: CORAL SPRINGS FL 33067 SECRETARY Title ASST. SECRETARY EMMANUEL, NORA B Name COPPER, CHRISTINA 5853 NW 54TH CIRCLE Address 1341 NW 18TH DR

5853 NW 54TH CIRCLE CORAL SPRINGS. FL 33067

DOCUMENT# N12000007703

FEI Number: 46-0838261

Current Mailing Address:

5853 NW 54TH CIRCLE CORAL SPRINGS. FL 33067

Name and Address of Current Registered Agent:

Entity Name: MERCIRA'S FOUNDATION, INC.

Current Principal Place of Business:

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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: SEAN EMMANUEL

City-State-Zip: CORAL SPRINGS FL 33067

PRESIDENT

City-State-Zip: POMPANO BEACH FL 33069

03/16/2023

Certificate of Status Desired: No

Electronic Signature of Signing Officer/Director Detail

Date