

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000007930

Entity Name: PAPA LOOK ALIKE SOCIETY, INC.**Current Principal Place of Business:**37837 MERIDIAN AVE.
SUITE 100
DADE CITY, FL 33525**Current Mailing Address:**37837 MERIDIAN AVE.
SUITE 100
DADE CITY, FL 33525 US**FEI Number:** 46-2169762**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**AUVIL, JON L.
37837 MERIDIAN AVE.
SUITE 100
DADE CITY, FL 33525 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:** JON L AUVIL

02/17/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name STORM, CHRIS
Address 3920 AZURE LN
City-State-Zip: ADDISON TX 75001

Title PRESIDENT
Name DOUGLAS, DAVID
Address 15006 ARMADILLO LOOKOUT TRAIL
City-State-Zip: CYPRESS TX 77433

Title VP
Name FILIP, RICHARD
Address 2045 REK HILL RD
City-State-Zip: FAYETTEVILLE TX 78940

Title SECRETARY, DIRECTOR
Name COLLINS, WALLY
Address 3650 E. ORANGE DR.
City-State-Zip: PHOENIX AZ 85018

Title TREASURER
Name MAXEY, JOE
Address 341 BRIGG DRIVE
City-State-Zip: CLARKSVILLE TN 37043

Title DIRECTOR
Name GINEO, MATT
Address 137 W. MARION AVE.
City-State-Zip: EDGEWATER FL 32132

Title DIRECTOR
Name THOMAS, RON
Address 4212 N. 7TH AVE.
City-State-Zip: PHOENIX AZ 85013

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: JOE MAXEY

TREASURER

02/17/2025

Electronic Signature of Signing Officer/Director Detail

Date