

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000009646

Entity Name: MORE THAN ENOUGH INC.**Current Principal Place of Business:**1636 NW 4TH STREET
OCALA, FL 34475**Current Mailing Address:**P.O. BOX 5081
OCALA, FL 34478-5081 US**FEI Number:** 90-0876461**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**VICKERS, SHANAWANA L
1636 NW 4TH STREET
OCALA, FL 34475 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 CEO, PRESIDENT
Name VICKERS, SHANAWANA L
Address 1636 NW 4TH STREET
City-State-Zip: Ocala FL 34475

Title TREASURER
Name MORANT, WANTANISHA
Address P.O. BOX 1074
City-State-Zip: SPARR FL 32192

Title SECRETARY
Name RICHARDSON, PRECEIDA
Address 13130 SW 84TH TERRANCE ROAD
City-State-Zip: Ocala FL 34473

Title ASST. TREASURER
Name LISA , RIVERA
Address 4279 NW 4TH CIRCLE
City-State-Zip: Ocala FL 34475

Title BOARD MEMBER
Name VICKERS, JONATHAN
Address 1636 NW 4TH STREET
City-State-Zip: Ocala FL 34475

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: SHANAWANA VICKERS

CEO/PRESIDENT

03/24/2015

Electronic Signature of Signing Officer/Director Detail_____
Date