## **2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N1300000017

Entity Name: DISADVANTAGED CHILDREN & ADULTS FOUNDATION, INC

FILED
Apr 13, 2021
Secretary of State
4131500573CC

## **Current Principal Place of Business:**

1302 SW PAAR DRIVE PORT ST LUCIE. FL 34953

## **Current Mailing Address:**

1302 SW PAAR DRIVE

PORT ST LUCIE. FL 34953 US

FEI Number: 30-0761217 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

ALEXANDRE, FRITZ M. 1302 SW PAAR DRIVE PORT ST LUCIE, FL 34953-6155 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: FRITZ MASSON ALEXANDRE 04/13/2021

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PCEO Title VT

Name ALEXANDRE, FRITZ M Name SAINT-FORT, ESTHER
Address 1302 SW PAAR DRIVE Address 1302 SW PAAR DRIVE

City-State-Zip: PORT ST LUCIE FL 34953-6155 City-State-Zip: PORT ST LUCIE FL 34953-6155

Title TR Title TR

NameALEXANDRE, SAMANTHA ANameALEXANDRE, SERGE MDAddress1302 SW PAAR DRIVEAddress1483 S. CONGRESS AVENUECity-State-Zip:PORT ST LUCIE FL 34953-6155City-State-Zip:DELRAY BEACH FL 33445

Title TR

Name ALEXANDRE, LAYLA
Address 1302 SW PAAR DRIVE
City-State-Zip: PORT ST LUCIE FL 34953

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: FRITZ MASSON ALEXANDRE

Electronic Signature of Signing Officer/Director Detail

**PCEO** 

04/13/2021

Date