			Socrat	03, 2020 ary of State
Entity Name	: DISADVANTAGED CHILDREN & ADULTS F	OUNDATION		57692CR
Current Prir 1302 SW PAAR PORT ST LUCI			1220	
Current Mai	ling Address:			
1302 SW PA PORT ST LL	AR DRIVE JCIE, FL 34953 US			
FEI Number: 30-0761217		Certificate of Status Desired: Yes		
Name and Address of Current Registered Agent:				
ALEXANDRE, F 1302 SW PAAR PORT ST LUCI				
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.				
The above name	I entity submits this statement for the purpose of changing its regis	stered office or regis	tered agent, or both, in the State o	f Florida.
	entity submits this statement for the purpose of changing its regis FRITZ MASSON ALEXANDRE	stered office or regis	tered agent, or both, in the State o	f Florida. 01/03/2020
		tered office or regis	tered agent, or both, in the State o	
	E: FRITZ MASSON ALEXANDRE Electronic Signature of Registered Agent	stered office or regis	tered agent, or both, in the State o	01/03/2020
SIGNATURE	E: FRITZ MASSON ALEXANDRE Electronic Signature of Registered Agent	tered office or regis	tered agent, or both, in the State o	01/03/2020
SIGNATURE Officer/Dire	EIECTRONIC SIGNATION OF CONTROL CONTRO			01/03/2020
SIGNATURE Officer/Dire	E FRITZ MASSON ALEXANDRE Electronic Signature of Registered Agent Elector Detail : PCEO	Title	ADV	01/03/2020 Date
SIGNATURE Officer/Dire Title Name	Electronic Signature of Registered Agent Electronic Signature of Registered Agent Ctor Detail : PCEO ALEXANDRE, FRITZ M. 1302 SW PAAR DRIVE	Title Name	ADV ALEXANDRE, SERGE MD 1520 10TH AVENUE NORTH	01/03/2020 Date
SIGNATURE Officer/Dire Title Name Address	Electronic Signature of Registered Agent Electronic Signature of Registered Agent Ctor Detail : PCEO ALEXANDRE, FRITZ M. 1302 SW PAAR DRIVE	Title Name Address	ADV ALEXANDRE, SERGE MD 1520 10TH AVENUE NORTH	01/03/2020 Date
SIGNATURE Officer/Dire Title Name Address City-State-Zip:	E: FRITZ MASSON ALEXANDRE Electronic Signature of Registered Agent Ctor Detail : PCEO ALEXANDRE, FRITZ M. 1302 SW PAAR DRIVE PORT ST LUCIE FL 34953	Title Name Address	ADV ALEXANDRE, SERGE MD 1520 10TH AVENUE NORTH	01/03/2020 Date
SIGNATURE Officer/Dire Title Name Address City-State-Zip: Title	E: FRITZ MASSON ALEXANDRE Electronic Signature of Registered Agent Ctor Detail : PCEO ALEXANDRE, FRITZ M. 1302 SW PAAR DRIVE PORT ST LUCIE FL 34953 EXECUTIVE SECRETARY	Title Name Address	ADV ALEXANDRE, SERGE MD 1520 10TH AVENUE NORTH	01/03/2020 Date
SIGNATURE Officer/Dire Title Name Address City-State-Zip: Title Name	EIECTRONIC SIGNALEXANDRE EIECTRONIC SIGNATURE OF REGISTERED AGENT ELECTRONIC SIGNATURE OF REGISTERED AGENT EVECO ALEXANDRE, FRITZ M. 1302 SW PAAR DRIVE PORT ST LUCIE FL 34953 EXECUTIVE SECRETARY DIEUJUSTE, MARIE CHANTAL 5901 LINCOLN CIR W	Title Name Address	ADV ALEXANDRE, SERGE MD 1520 10TH AVENUE NORTH	01/03/2020 Date

2020 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

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.

PCEO

SIGNATURE: FRITZ MASSON ALEXANDRE

Electronic Signature of Signing Officer/Director Detail

01/03/2020

FILED Jan 03, 2020

Date