

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000008000

Entity Name: F.L.I.P. F.L.O.P. SUPPORT GROUPS INC.**Current Principal Place of Business:**1910 NW 24TH COURT
OCALA, FL 34475**Current Mailing Address:**1910 NW 24TH CT
OCALA, FL 34475 US**FEI Number:** 46-5081357**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BROWN, JACALYN A
1910 NW 24TH COURT
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	PCEO
Name	BROWN, JACALYN
Address	1910 NW 24TH COURT
City-State-Zip:	OCALA FL 34475

Title	D
Name	JACKSON, SYLVIA
Address	717 SW MLK JR. AVE.
City-State-Zip:	OCALA FL 34474

Title	TREASURER
Name	COLON, SANDRA
Address	1629 NW 4TH ST.
City-State-Zip:	OCALA FL 34475

Title	ASST. SECRETARY
Name	HARRIS, REVA
Address	1629 NW 4TH ST.
City-State-Zip:	OCALA FL 34475

Title	SECRETARY
Name	HOCKENBERRY, BEVERLY J
Address	1633 NW 21ST AVENUE
City-State-Zip:	OCALA FL 34475

Title	DIRECTOR
Name	ESCARCEGA, PAM
Address	6480 NW 57TH CT.
City-State-Zip:	OCALA FL 34482

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: JACALYN A. BROWN**PRESIDENT, CEO****04/29/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date