

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000008554

**Entity Name:** TAMIQA'S HOUSE, INC.

**Current Principal Place of Business:**

933 SW JASLO AVENUE  
PORT ST. LUCIE, FL 34953

**Current Mailing Address:**

933 SW JASLO AVENUE  
PORT ST. LUCIE, FL 34953

**FEI Number:** 47-1681617

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

STRACHAN, BELINDA  
933 SW JASLO AVENUE  
PORT ST. LUCIE, FL 34953 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:** BELINDA STRACHAN

01/16/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name STRACHAN, BELINDA  
Address 933 SW JASLO AVENUE  
City-State-Zip: PORT ST. LUCIE FL 34953

Title S  
Name ANDERSON, ANGEL  
Address 933 SW JASLO AVENUE  
City-State-Zip: PORT ST. LUCIE FL 34953

Title T  
Name PAVAO, MICHELLE  
Address 912 JEREMKO AVENUE  
City-State-Zip: PORT ST. LUCIE FL 34953

Title D  
Name COX-TITUS, RACHEL  
Address 413 DOUGLAS STREET  
City-State-Zip: SYRACUSE NY 13203

Title D  
Name KASBAR, MIESHA  
Address 1335 NW PINE RIDGE TRAIL  
City-State-Zip: STUART FL 34994

*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:** ANGEL ANDERSON

**SECRETARY**

01/16/2020

Electronic Signature of Signing Officer/Director Detail

Date