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

DOCUMENT# N14000010120

**Entity Name: VINCENT ACADEMY ADVENTURE COAST INC** 

FILED Feb 04, 2021 Secretary of State 3246716878CC

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

11145 DENTON AVENUE HUDSON. FL 34667

## **Current Mailing Address:**

**PO BOX 278** 

DADE CITY. FL 33526-0278 US

FEI Number: 81-5253878 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

LAMBERT, DAVID 14519 ELMONT AVENUE SPRING HILL, FL 34610 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 S Title PRESIDENT

Name ANNE, MARQUIS Name LAMBERT, DAVID

Address 3279 BLUFFVIEW DR Address 14519 ELMONT AVE

City-State-Zip: SPRING HILL FL 34609 City-State-Zip: SPRING HILL FL 34610

Title VP

Name MICKELSON, DAVID

Address 2469 CLEWISTON ST

City-State-Zip: SPRING HILL FL 34609

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: DAVID LAMBERT

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

02/04/2021