## 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000010238

Entity Name: TWIN ROOTS FOUNDATION, INC.

**Current Principal Place of Business:** 

7545 E. TREASURE DR #6E NORTH BAY VILLAGE. FL 33141

**Current Mailing Address:** 

7545 E. TREASURE DR #6E

NORTH BAY VILLAGE. FL 33141 US

FEI Number: 47-2271998 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WILSON, TENNILLE F 7545 E. TREASURE DR #6E NORTH BAY VILLAGE, FL 33141 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

**FILED** Apr 14, 2016

**Secretary of State** 

CC7345345194

Officer/Director Detail:

Title Title S

WILSON, TENNILLE F Name PROSPER, MAUD Name

7545 E. TREASURE DR #6E Address 1023 SHADOWMOSS CIRCLE Address

City-State-Zip: LAKE MARY FL 32746 NORTH BAY VILLAGE FL 33141 City-State-Zip:

Title D Title Т

Name MORGAN, HELEN Name MARSH, MOLIIKA

260 HARRISON AVENUE Address 6106 TOBEY COURT Address

APT. 502

SPRINGFIELD VA 22150 City-State-Zip: JERSEY CITY NJ 07304 City-State-Zip:

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: TENNILLE F WILSON

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

04/14/2016

Date