

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000003312

Entity Name: LETS KICK ASTHMA FOUNDATION INC**Current Principal Place of Business:**3737 CHANDLER ESTATES DR
APOPKA, FL 32712**Current Mailing Address:**3737 CHANDLER ESTATES DR
APOPKA, FL 32712**FEI Number: NOT APPLICABLE****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**PINNACLE SIGNATURE GROUP INC
927 BEVILLE RD SUITE 109
SOUTH DAYTONA, FL 32119 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: PHEBE FUQUA****04/29/2023**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name ONEAL, JOLENE M
Address 3737 CHANDLER ESTATES DR
City-State-Zip: APOPKA FL 32712

Title DIRECTOR
Name O'NEAL, LUCILLE
Address 721 BETHPAGE DRIVE
City-State-Zip: MCDONOUGH GA 30252-4018

Title DIRECTOR
Name FAKIH, FAISEL DR.
Address 1788 W FAIRBANKS AVENUE
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR
Name WILSON, MILDRED
Address 1416 ALEXINGTON AVENUE
City-State-Zip: DELTONA FL 32725

Title DIRECTOR
Name WILSON, LONNIE
Address 1416 ALEXINGTON AVENUE
City-State-Zip: DELTONA FL 32725

Title DIRECTOR
Name MAY, KIMBERLY
Address 1651 SUN RIDGE DRIVE
City-State-Zip: APOKA FL 32703

Title DIRECTOR
Name SCOTT, ALICIA
Address 19 ORMOND PARKWAY
City-State-Zip: ORMOND BEACH FL 32176

Title DIRECTOR
Name LATSON, LAKALA
Address 1723 HAGE WAY
City-State-Zip: ORLANDO FL 32805

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: ONEAL , JOLENE M**PRESIDENT****04/29/2023**

Electronic Signature of Signing Officer/Director Detail

Date