

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000008998

**Entity Name:** SUPPORTABILITIES FOUNDATION, INC.

**Current Principal Place of Business:**

1825 TROPHY BASS WAY  
KISSIMMEE, FL 34746

**Current Mailing Address:**

1825 TROPHY BASS WAY  
KISSIMMEE, FL 34746 US

**FEI Number:** 47-5101680

**Certificate of Status Desired:** No

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

LEINER, PETER S  
5531 N. UNIVERSITY DRIVE  
SUITE 103  
CORAL SPRINGS, FL 33067 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            PRESIDENT, CEO  
Name            ZILINSKAS, JOSHUA  
Address        1825 TROPHY BASS WAY  
City-State-Zip: KISSIMMEE FL 34746

Title            VP, CHAIRMAN  
Name            MCKENZIE, LEON  
Address        1825 TROPHY BASS WAY  
City-State-Zip: KISSIMMEE FL 34746

Title            OFFICER  
Name            ZILINSKAS, SARA  
Address        1825 TROPHY BASS WAY  
City-State-Zip: KISSIMMEE FL 34746

Title            OFFICER  
Name            LANGLEY, JOHN  
Address        1825 TROPHY BASS WAY  
City-State-Zip: KISSIMMEE FL 34746

Title            OFFICER  
Name            POSOCCO, AMY  
Address        1825 TROPHY BASS WAY  
                    1907  
City-State-Zip: POMPANO BEACH FL 33062

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:** JOSHUA C. ZILINSKAS

PRESIDENT, CEO

09/21/2018

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date