

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000012023

Entity Name: FOOTPRINTS OF THE SON, INC.**Current Principal Place of Business:**402 TORTOSA COURT
DAVENPORT, FL 33837**Current Mailing Address:**PO BOX 473
GOTHA, FL 34734 US**FEI Number: 81-0939915****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THOMPSON, REBECCA
402 TORTOSA COURT
DAVENPORT, FL 33837 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	TREASURER
Name	THOMPSON, REBECCA SUE
Address	402 TORTOSA COURT
City-State-Zip:	DAVENPORT FL 33837

Title	EXECUTIVE DIRECTOR
Name	MEYER, HEATHER MARIE
Address	402 TORTOSA COURT
City-State-Zip:	DAVENPORT FL 33837

Title	SECRETARY
Name	FRANZEN, ERIN
Address	1720 CONCORD DR
City-State-Zip:	FORT COLLINS CO 80526

Title	PRESIDENT
Name	WHIPP, JACOB
Address	9728 AMETHYST LN
City-State-Zip:	BRENTWOOD TN 37027

Title	DIRECTOR
Name	SCHROEDER-WHIPPI, AMY DR.
Address	9728 AMETHYST LN
City-State-Zip:	BRENTWOOD TN 37027

Title	DIRECTOR
Name	VITANIEMI, LISA
Address	401 S MARKET
City-State-Zip:	THORNTON IN 46071

Title	DIRECTOR
Name	GOMEZ, MELANIE
Address	15606 SW 52ND COURT
City-State-Zip:	MIRAMAR FL 33027

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: REBECCA SUE THOMPSON**TREASURER****01/19/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date