

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000001876

Entity Name: OUR VILLAGE OF SUCCESS INC**Current Principal Place of Business:**100 19TH AVENUE SOUTH
SAINT PETERSBURG, FL 33705**Current Mailing Address:**100 19TH AVENUE SOUTH
SAINT PETERSBURG, FL 33705**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COPELAND, JEFFEREY
100 19TH AVENUE SOUTH
SAINT PETERSBURG, FL 33705 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	EXED
Name	COPELAND, JEFFEREY
Address	100 19TH AVENUE SOUTH
City-State-Zip:	SAINT PETERSBURG FL 33705

Title	VP
Name	LOCKETT, FELICIA
Address	4360 TROUT DRIVE
City-State-Zip:	SAINT PETERSBURG FL 33715

Title	TREASURER
Name	LOCKETT, MARCUS
Address	2648 24TH AVENUE SOUTH
City-State-Zip:	SAINT PETERSBURG FL 33712

Title	ADV
Name	COPELAND, DARRYL
Address	100 19TH AVENUE SOUTH
City-State-Zip:	SAINT PETERSBURG FL 33705

Title	TREASURER
Name	PINCKNEY, TOSHIKO
Address	2911 2ND AVENUE NORTH
City-State-Zip:	ST. PETERSBURG FL 33713

Title	SECRETARY
Name	WILLIAMS, TAMARA
Address	5898 28TH STREET SOUTH
City-State-Zip:	ST. PETERSBURG FL 33712

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: JEFFEREY COPELAND**EXECUTIVE DIRECTOR****04/23/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date