

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000002855

Entity Name: D5 ALIVE FOUNDATION, INC.**Current Principal Place of Business:**6150 45TH STREET
VERO BEACH, FL 32967**Current Mailing Address:**6150 45TH STREET
VERO BEACH, FL 32967 US**FEI Number: 81-1839071****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VERA DEBORA GIBSON SMITH
6150 45TH STREET
VERO BEACH, FL 32967 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 DIRECTOR, PRESIDENT
Name GIBSON SMITH, VERA DEBORA
Address 6150 45TH STREET
City-State-Zip: VERO BEACH FL 32967

Title DIRECTOR, VP
Name SMITH, HENRY GARRETT
Address 6150 45TH STREET
City-State-Zip: VERO BEACH FL 32967

Title DIRECTOR, SECRETARY,
TREASURER
Name SMITH, HENRY LEE
Address 6150 45TH STREET
City-State-Zip: VERO BEACH FL 32967

Title DIRECTOR
Name ZUGRAVE, GREG
Address 6150 45TH STREET
City-State-Zip: VERO BEACH FL 32967

Title DIRECTOR
Name PERRY, ANGELIA
Address 6150 45TH STREET
City-State-Zip: VERO BEACH FL 32967

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: VERA DEBORA GIBSON SMITH**PRESIDENT****02/25/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date