## 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000004505

Entity Name: 88 BLESSINGS INC.

itity name: 88 BLESSINGS INC.

**Current Principal Place of Business:** 

15804 TISONS BLUFF RD JACKSONVILLE, FL 32218

**Current Mailing Address:** 

15804 TISONS BLUFF RD JACKSONVILLE, FL 32218 US

FEI Number: 81-2666345 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILSON, ERICA D 15804 TISONS BLUFF RD JACKSONVILLE, FL 32218 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

FILED Apr 02, 2018

**Secretary of State** 

CC1656525373

Officer/Director Detail:

Title P Title VPS

Name WILSON, ERICA D Name WILSON, DARYL S

Address 15804 TISONS BLUFF RD Address 15804 TISONS BLUFF RD

City-State-Zip: JACKSONVILLE FL 32218 City-State-Zip: JACKSONVILLE FL 32218

Title SD Title PUBLIC RELATIONS

NameMOORER, TISHANameANDERSON, QUA-KEITAAddress735 HAROLD AVE S.Address9805 PATRIOT RIDGE DRCity-State-Zip:LEIGH ACRES FL 33973City-State-Zip:JACKSONVILLE FL 32221

Title CFO Title MEDIA

Name WILSON, MARY Name LOVE, CHARLETTE

Address 15804 TISONS BLUFF RD Address 1421 CREEK POINT BLVD

City-State-Zip: JACKSONVILLE FL 32218

City-State-Zip: JACKSONVILLE FL 32218

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.

Electronic Signature of Signing Officer/Director Detail