

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000008534

Entity Name: FOUNDATION PIERRE SMITH MONDELUS, INC.**Current Principal Place of Business:**117 PINEHURST POINTE DRIVE
SAINT AUGUSTINE, FL 32092**Current Mailing Address:**117 PINEHURST POINTE DRIVE
SAINT AUGUSTINE, FL 32092 US**FEI Number:** 81-3329643**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MILLER, SHANNON
117 PINEHURST POINTE DRIVE
SAINT AUGUSTINE, FL 32092 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:** SHANNON MILLER

06/23/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name MILLER, SHANNON
Address 117 PINEHURST POINTE DRIVE
City-State-Zip: ST AUGUSTINE FL 32092

Title D
Name PLATKO, JUDE
Address 117 PINEHURST POINTE DRIVE
City-State-Zip: ST AUGUSTINE FL 32092

Title D
Name MONDELUS, VERONIQUE
Address ROUTE 1 BEHIND 4VH
City-State-Zip: MORNE ROUGE CAP-HAITIAN,HATI
AL

Title D
Name VERNIOISE, MACOT
Address ROUTE 1 BEHIND 4VH
City-State-Zip: MORNE ROUGE CAP-HAITIAN,HATI
AL

Title OFFICER
Name CURTINSMITH, ERIN
Address 5701 ALL SAINTS LN
City-State-Zip: CHARLOTTE NC 28226

Title OFFICER
Name PAPAS, STEVEN
Address 320 HUNTERS LAKE WAY #5310
City-State-Zip: PONTE VEDRA FL 32081

Title OFFICER
Name JAMISON, LAURA
Address 14 FULLER FARMS RD
City-State-Zip: TOPSFIELD MA 01983

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: SHANNON MILLER

CO-FOUNDER

06/23/2020

Electronic Signature of Signing Officer/Director Detail

Date