## 2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000009536

Entity Name: CAMANAISTRINGS, INC.

**Current Principal Place of Business:** 

931 VILLAGE BLVD SUITE #905-467

WEST PALM BEACH, FL 33409

**FILED** Apr 07, 2021 Secretary of State 1668824971CC

## **Current Mailing Address:**

931 VILLAGE BLVD SUITE #905-467 WEST PALM BEACH, FL 33409 US

FEI Number: 81-4011080 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

LOCKE-WILLIAMS, ERIKA B. 407 SOUTH MANGONIA CIRCLE WEST PALM BEACH, FL 33401 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: ERIKA LOCKE-WILLIAMS 04/07/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title CEO, PRESIDENT Title VP, TREASURER

Name WILLIAMS, CAMEREN ANAI Name LOCKE-WILLIAMS, ERIKA BERNICE

Address 931 VILLAGE BLVD Address 931 VILLAGE BLVD SUITE #905-467

SUITE #905-467

WEST PALM BEACH FL 33409 City-State-Zip: WEST PALM BEACH FL 33409 City-State-Zip:

DIRECTOR Title Title

WILLIAMS, EUSEBIUS KENYETTE LOCKE, WENDELL T. Name Name

931 VILLAGE BLVD 931 VILLAGE BLVD Address Address

SUITE #905-467 SUITE #905-467

WEST PALM BEACH FL 33409 City-State-Zip: City-State-Zip: WEST PALM BEACH FL 33409

Title **SECRETARY** Title SECRETARY

Name WATSON, LINA Name COPELAND, STACEY L.

Address 931 VILLAGE BLVD Address 931 VILLAGE BLVD

SUITE #905-467 SUITE #905-467

City-State-Zip: WEST PALM BEACH FL 33409 City-State-Zip: WEST PALM BEACH FL 33409

Title **OFFICER** Title **DIRECTOR** 

Name KNIGHT, CHERYL Name MCDONALD, KENDRA M

931 VILLAGE BLVD 931 VILLAGE BLVD Address Address SUITE 905-467 SUITE #905-467

WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409 City-State-Zip:

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: ERIKA LOCKE-WILLIAMS

City-State-Zip:

VP, TREASURER, REGISTERED AGENT 04/07/2021