

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000010326

**Entity Name:** FULFILL A NEED FOUNDATION, INC.

**Current Principal Place of Business:**

11629 SW 224 ST  
MIAMI, FL 33170

**Current Mailing Address:**

11629 SW 224 ST  
MIAMI, FL 33170

**FEI Number: 81-4263708**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ROBINSON, LAKEIRA  
11629 SW 224 ST  
MIAMI, FL 33170 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 P/TR  
Name ROBINSON, LAKEIRA  
Address 11629 SW 224 ST  
City-State-Zip: MIAMI FL 33170

Title VP  
Name OLIVERA, LIDIA  
Address 11629 SW 224 ST  
City-State-Zip: MIAMI FL 33170

Title S  
Name BRUCE, BARBARA  
Address 11629 SW 224 ST  
City-State-Zip: MIAMI FL 33170

Title S  
Name STADMIRE, DAWN  
Address 11629 SW 224 ST  
City-State-Zip: MIAMI FL 33170

*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: LAKEIRA ROBINSON**

**PRESIDENT**

**08/21/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date