

2019 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:

14717 SW 116 AVE
MIAMI, FL 33176 US

FEI Number: 81-4263708

Certificate of Status Desired: Yes

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

P/TR

08/19/2019

Electronic Signature of Signing Officer/Director Detail

Date