## **2020 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N16000010326

Entity Name: FULFILL A NEED FOUNDATION, INC.

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**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: 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: LAKEIRA ROBINSON 11/22/2020

Electronic Signature of Registered Agent

Date

FILED Nov 22, 2020

**Secretary of State** 

9036486673CR

Officer/Director Detail:

Title P/TR Title S

 Name
 ROBINSON, LAKEIRA
 Name
 BRUCE, BARBARA

 Address
 11629 SW 224 ST
 Address
 11629 SW 224 ST

 City-State-Zip:
 MIAMI FL 33170
 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

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

11/22/2020

Date