

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000012312

**FILED**  
**Apr 29, 2018**  
**Secretary of State**  
**CC5864829685**

**Entity Name:** LET YOUR VOICE BE HEARD, INC.

**Current Principal Place of Business:**

602 W. WASHINGTON ST  
ORLANDO, FL 32801

**Current Mailing Address:**

602 W. WASHINGTON ST.  
ORLANDO, FL 32801 US

**FEI Number: 81-5273622**

**Certificate of Status Desired: No**

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

MULRAIN, MILES JR  
602 W. WASHINGTON ST  
ORLANDO, FL 32801 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, CHAIRMAN, DIRECTOR, CEO  
Name MULRAIN, MILES JR  
Address 602 W WASHINGTON ST  
City-State-Zip: ORLANDO 32801

Title VC  
Name YOUNG, BRITTANY  
Address 564 SABAL PALM CIR  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title T  
Name BLACK, SUSANA  
Address 602 W WASHINGTON ST  
City-State-Zip: ORLANDO FL 32801

Title VC, DIRECTOR OF FINANCIAL  
OUTREACH  
Name SKINNER, ADRIENNE  
Address 198 N GOLDWYN AVE.  
City-State-Zip: ORLANDO FL 32805

Title DIRECTOR OF COMMUNITY  
OUTREACH  
Name DAVIS, CHARLOTTE  
Address 1815 AMERICANA BLVD  
APT 30A  
City-State-Zip: ORLANDO FL 32839

*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: MILES MULRAIN JR.**

**PRESIDENT**

**04/29/2018**

Electronic Signature of Signing Officer/Director Detail

Date