

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000001349

**Entity Name:** SOLUTIONARY EVENTS INC

**Current Principal Place of Business:**

433 ROTARY PLACE NE  
ST. PETERSBURG, FL 33703

**Current Mailing Address:**

P.O. BOX 7463  
ST. PETERSBURG, FL 33734 US

**FEI Number:** 81-5273272

**Certificate of Status Desired:** No

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

BARDROFF, JENNA D  
433 ROTARY PLACE NE  
ST. PETERSBURG, FL 33703 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 DIRECTOR  
Name RUMBOUGH, LARRY  
Address 840 LILAC TRACE LANE  
City-State-Zip: ORLANDO FL 32828

Title T, S  
Name BARDROFF, THOMAS  
Address 8009 HIGH OAKS TRAIL  
City-State-Zip: MYAKKA CITY FL 34251

Title DIRECTOR  
Name CHIN, TREVOR  
Address 9808 SIR FREDERICK STREET  
City-State-Zip: TAMPA FL 33637

Title AUTHORIZED REPRESENTATIVE  
Name BARDROFF, JENNA DELIA  
Address 433 ROTARY PLACE NE  
City-State-Zip: ST. PETERSBURG FL 33703

Title AUTHORIZED REPRESENTATIVE  
Name LAYTON, KEVIN RICHARD  
Address 433 ROTARY PLACE NE  
City-State-Zip: ST. PETERSBURG FL 33703

Title AUTHORIZED REPRESENTATIVE  
Name BAKER, KRISTEN  
Address 433 ROTARY PLACE NE  
City-State-Zip: ST. PETERSBURG FL 33703

Title PRESIDENT  
Name BARDROFF, DELLA MARIE  
Address 8009 HIGH OAKS TRAIL  
City-State-Zip: MYAKKA CITY FL 34251

Title DIRECTOR  
Name ASHCROFT, ROYCE  
Address 433 ROTARY PLACE NE  
City-State-Zip: ST. PETERSBURG FL 33703

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*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:** JENNA BARDROFF

**AUTHORIZED  
REPRESENTATIVE**

**03/10/2020**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name SPIGNER-ASHCROFT, IMARI  
Address 433 ROTARY PLACE NE  
City-State-Zip: SAINT PETERSBURG FL 33703

Title DIRECTOR  
Name VASNICK, ADRIAN  
Address 500 SEAVIEW DRIVE  
City-State-Zip: TARPON SPRINGS FL 34689

Title AUTHORIZED REPRESENTATIVE  
Name MARQUIS-KILIANY, COLETTE ANN  
Address 9808 SIR FREDERICK STREET  
City-State-Zip: TAMPA FL 33637

Title DIRECTOR  
Name JAMES, KAREN  
Address 500 SEAVIEW DRIVE  
City-State-Zip: TARPON SPRINGS FL 34689