## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000002638

Entity Name: FAMILIES AFFECTED BY GUN VIOLENCE INC

**FILED** May 08, 2024 **Secretary of State** 0792596185CC

**Current Principal Place of Business:** 

717 EAST BASE ST MADISON, FL 32341

**Current Mailing Address:** 

PO BOX 1107

MADISON, FL 32341 US

**FEI Number: APPLIED FOR** Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRADY, JO ANN R. 717 EAST BASE ST MADISON, FL 32341 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: JO ANN R. BRADY 05/08/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title Title VΡ

BRADY, JO ANN R. ALLEN, KESLEY Name Name 717 EAST BASE ST Address

Address 717 EAST BASE ST

**APT 514** 

City-State-Zip: MADISON FL 32341 City-State-Zip: MADISON FL 32341

Title **TREASURER** Title **SECRETARY** 

Name LOVETT, JOHNNY Name ROBERTS, RUBY Address PO BOX 1107

Address 10759 SW 226TH STRETT

City-State-Zip: MADISON FL 32341 City-State-Zip: GOULDS 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.

05/08/2024 SIGNATURE: JO ANN BRADY **PRESIDENT**