

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

DOCUMENT# N17000007056

**Entity Name:** MOMCIERGE, INC.

**Current Principal Place of Business:**

9314 LEDGESTONE DR  
PORT RICHEY, FL 34668

**Current Mailing Address:**

9314 LEDGESTONE DR  
GREENSIGN@MAC.COM  
PORT RICHEY, FL 34668 US

**FEI Number:** 82-2095439

**Certificate of Status Desired:** No

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

BARBOUR, JUNIPER  
4777 ALLEN RD  
ZEPHYRHILLS, FL 33541 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:** JUNIPER BARBOUR

06/14/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name BARBOUR, JUNIPER  
Address 4777 ALLEN RD  
City-State-Zip: ZEPHYRHILLS FL 33541

Title A  
Name BARBOUR, DAVID  
Address 9314 LEDGESTONE DR  
City-State-Zip: PORT RICHEY FL 34668

Title A  
Name BARBOUR, SADYE  
Address 9314 LEDGESTONE DR  
City-State-Zip: PORT RICHEY FL 34668

Title A  
Name BARBOUR, LYRIC  
Address 9314 LEDGESTONE DR  
City-State-Zip: PORT RICHEY FL 34668

Title A  
Name BARBOUR, DEYSHA  
Address 9314 LEDGESTONE DR  
City-State-Zip: PORT RICHEY FL 34668

*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:** JUNIPER BARBOUR

**DIRECTOR**

06/14/2020

Electronic Signature of Signing Officer/Director Detail

Date