

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000010474

Entity Name: FOR THE CITY, INC.**Current Principal Place of Business:**6690 CROSSWINDS DRIVE NORTH
ST. PETERSBURG, FL 33710**Current Mailing Address:**6690 CROSSWINDS DRIVE NORTH
ST. PETERSBURG, FL 33710 US**FEI Number:** 82-3305388**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CELOSSE, MICHAEL A
6690 CROSSWINDS DRIVE NORTH
ST. PETERSBURG, FL 33710 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:** MICHAEL A CELOSSE

05/01/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	BENNER, MELANIE
Address	6690 CROSSWINDS DRIVE NORTH
City-State-Zip:	ST. PETERSBURG FL 33710

Title	TREASURER
Name	HOOVER, DIANA
Address	6690 CROSSWINDS DRIVE NORTH
City-State-Zip:	ST. PETERSBURG FL 33710

Title	SECRETARY
Name	CELOSSE, MICHAEL
Address	6690 CROSSWINDS DRIVE NORTH
City-State-Zip:	ST. PETERSBURG FL 33710

Title	AUTHORIZED REPRESENTATIVE
Name	CELOSSE, MICHAEL A
Address	6690 CROSSWINDS DRIVE NORTH
City-State-Zip:	ST. PETERSBURG FL 33710

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: MICHAEL A. CELOSSE

SECRETARY

05/01/2023

Electronic Signature of Signing Officer/Director Detail

Date