

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000010786

**Entity Name:** SELAMTA FAMILY PROJECT, INC.**Current Principal Place of Business:**204 E. HIBISCUS STREET  
LAKE PLACID, FL 33852**Current Mailing Address:**PO BOX 1857  
LAKE PLACID, FL 33862 US**FEI Number:** 20-2199559**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STAM, MARISA  
323 BUCCANEER ST NW  
LAKE PLACID, FL 33852 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           | CHAIRMAN          |
| Name            | WASZ, R. JAMES    |
| Address         | 7 GRIFFIN STREET  |
| City-State-Zip: | SIMSBURY CT 06070 |

|                 |                   |
|-----------------|-------------------|
| Title           | TREASURER         |
| Name            | BARRY, AIDAN      |
| Address         | 8 HERSEY LANE     |
| City-State-Zip: | STRATHAM AL 03885 |

|                 |                        |
|-----------------|------------------------|
| Title           | MEMBER                 |
| Name            | MERSHA, FANA           |
| Address         | 10855 LOCKWOOD DRIVE   |
| City-State-Zip: | SILVER SPRING MD 20901 |

|                 |                        |
|-----------------|------------------------|
| Title           | SECRETARY              |
| Name            | BEISSWENGER, BEN       |
| Address         | 107 LYON STREET        |
| City-State-Zip: | SAN FRANCISCO CA 94117 |

|                 |                      |
|-----------------|----------------------|
| Title           | EXECUTIVE DIRECTOR   |
| Name            | STAM , MARISA        |
| Address         | 323 BUCCANEER ST NW  |
| City-State-Zip: | LAKE PLACID FL 33852 |

|                 |                     |
|-----------------|---------------------|
| Title           | MEMBER              |
| Name            | HUTCHESON, KAREN    |
| Address         | 3105 DORILTON CT    |
| City-State-Zip: | LOUISVILLE KY 40241 |

*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:** MARISA STAM**EXECUTIVE DIRECTOR****01/08/2019**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date