

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000011478

Entity Name: FOUNDATION FOR THE ISLANDS OF OLD PROVIDENCE AND SANTA CATALINA, INC.**FILED**
Mar 15, 2025
Secretary of State
7573402204CC**Current Principal Place of Business:**5516 ELIZABETH ROSE SQUARE
ORLANDO, FL 32810**Current Mailing Address:**5516 ELIZABETH ROSE SQUARE
ORLANDO, FL 32810 US**FEI Number: 82-2550680****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**COE, GLENN E
5516 ELIZABETH ROSE SQUARE
ORLANDO, FL 32810 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: GLENN E COE****03/15/2025**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name SOTELO, RALPH J. NEWBALL
Address DIAGONAL AL CENTRO DE SALUD
City-State-Zip: SAN LUIS SAN ANDRÉS,
PROVIDENCIA, SANTA CATALINA

Title VP
Name CARDOZA, ELRU MCLAUGHLIN
NEWBALL
Address SOUTHWEST BAY
City-State-Zip: PROVIDENCIA ISLA SAN ANDRÉS,
PROVIDENCIA, SANTA CATALINA

Title D
Name SJOGREEN , DIANA MARCELA
Address PUEBLO VIEJO
CONTIGUO COLEGIO JUNIN
City-State-Zip: ISLA DE PROVIDENCIA

Title DIRECTOR
Name ESCOBAR-PONI, BERTHA C
Address 171 E. MANCHESTER LANE
City-State-Zip: SAN BERNARDINO CA 92408

Title DIRECTOR
Name FLICK, DANIEL
Address 901 FOXFIRE TRAIL
City-State-Zip: OVIEDO FL 32765

Title DIRECTOR
Name SCOTT-COE, JUSTIN MONTGOMERY
Address 3633 BEECHWOOD PLACE
City-State-Zip: RIVERSIDE CA 92516

Title T
Name CASSARINO , JULIENNE
Address 54 SYCAMORE STREET
City-State-Zip: DURHAM CT 06422

Title DIRECTOR
Name STURDEVANT, MALCOLM
Address 215 WEST 33RD ST.
City-State-Zip: SAVANNAH GA 31401

Continues on page 2

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: GLENN E. COE**PRESIDENT EMERITUS****03/15/2025**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASSISTANT SECRETARY
Name SHERMAN, ANDREW LAWTON
Address 6907 TOBIAS AVE.
City-State-Zip: LOS ANGELES CA 91405

Title D
Name ARCHBOLD, AMINTA ROBINSON
Address PUEBLO VIEJO PROVIDENCIA ISLAS
City-State-Zip: COLOMBIA OC

Title ASST. TREASURER
Name EUBANKS-ARCHBOLD, ELMER
Address 427 OAK HILL RD.
City-State-Zip: FITCHBURG MA 01420

Title VP
Name DAVIS, FEDERICO JAY
Address CRA 88B # 34C-25
APTO. 101
City-State-Zip: MEDELLIN 050032

Title PRESIDENT EMERITUS
Name COE, GLENN E.
Address 5516 ELIZABETH ROSE SQUARE
City-State-Zip: ORLANDO FL 32810

Title S
Name JULIE KATHLEEN BUSH
Address 8405 HAMMOCKS BLVD. APT 4114
City-State-Zip: MIAMI FL 33193

Title D
Name YIP, CARLOS ARCHBOLD
Address SMOOTHWATER BAY
City-State-Zip: PROVIDENCIA ISLAS

Title DIRECTOR
Name BRITTON, ROSABELL CASTELL
Address DIAGONAL AL CENTRO DE SALUD
City-State-Zip: SAN LUIS SAN ANDRES
PROVIDENCIA SANTA CATALINA

Title DIRECTOR
Name DAVIS, AGUSTIN
Address 11976 SW 32ND. ST.
City-State-Zip: MIRAMAR FL 33025

Title DIRECTOR
Name GRILLET, LUC L.
Address 825 UTTERBACK STORE RD.
City-State-Zip: GREAT FALLS VA 22066