

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000003788

Entity Name: THE KAGRA FOUNDATION, INC.**Current Principal Place of Business:**334 NW CURRY STRET
PORT ST. LUCIE, FL 34983**Current Mailing Address:**334 NW CURRY STRET
PORT ST. LUCIE, FL 34983 US**FEI Number: 82-4906108****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MORGAN, DERRY-ANN
334 NW CURRY STRET
PORT ST. LUCIE, FL 34983 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 PRES
Name MORGAN, DERRY-ANN
Address 334 NW CURRY STRET
City-State-Zip: PORT ST. LUCIE FL 34983

Title VP
Name CLARKE, PETULA
Address 840 SW 81ST AVE
300L
City-State-Zip: NORTH LAUDERDALE FL 33068

Title T
Name WONG, ANDREA
Address 840 SW 81ST AVE
300L
City-State-Zip: NORTH LAUDERDALE FL 33068

Title DIR. INTERNATIONAL OUTREACH
Name LANGDON, DILLON
Address 840 SW 81ST AVE
300L
City-State-Zip: NORTH LAUDERDALE FL 33068

Title DIR. PUBLIC RELATIONS
Name PERRIN, DWAYNE
Address 840 SW 81ST AVE
300L
City-State-Zip: NORTH LAUDERDALE FL 33068

Title S
Name BOWEN-ANDERSON, JAHVET
Address 840 SW 81ST AVE
300L
City-State-Zip: NORTH LAUDERDALE FL 33068

Title DIR. MEDICAL OUTREACH
Name HARVEY, MARLENE
Address 840 SW 81ST AVE
300L
City-State-Zip: NORTH LAUDERDALE FL 33068

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: DERRY-ANN MORGAN**PRESIDENT****09/15/2023**

Electronic Signature of Signing Officer/Director Detail

Date