## 2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# N18000006805

Entity Name: COACH VIC FOUNDATION INC.

#### **Current Principal Place of Business:**

17405 10TH STREET MONTVERDE, FL 34756

#### **Current Mailing Address:**

PO BOX 560276 MONTVERDE, FL 34756 US

# FEI Number: NOT APPLICABLE

### Name and Address of Current Registered Agent:

STEFANICI, CLAUDIA 17405 10TH STREET MONTVERDE, FL 34756 US FILED Apr 17, 2023 Secretary of State 4660396154CC

Date

Certificate of Status Desired: No

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

## Officer/Director Detail :

| Title           | DIR                | Title           | MANAGER            |
|-----------------|--------------------|-----------------|--------------------|
| Name            | STEFANICI, CLAUDIA | Name            | STEFANICI, ISAIAH  |
| Address         | PO BOX 560276      | Address         | 2130 RJ CIRCLE     |
| City-State-Zip: | MONTVERDE FL 34756 | City-State-Zip: | KISSIMMEE FL 34744 |
| Title           | MANAGER            | Title           | MANAGER            |
| Name            | STEFANICI, ELIJAH  | Name            | STEFANICI, JOSE    |
| Address         | 2130 RJ CIRCLE     | Address         | 2130 RJ CIRCLE     |
| City-State-Zip: | KISSIMMEE FL 34744 | City-State-Zip: | KISSIMMEE FL 34744 |
| Title           | TRES               |                 |                    |
| Name            | WYNKOOP, JOE       |                 |                    |
| Address         | PO BOX 560276      |                 |                    |
| City-State-Zip: | MONTVERDE FL 34756 |                 |                    |

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: CLAUDIA STEFANICI

MANAGER

04/17/2023

Electronic Signature of Signing Officer/Director Detail