## 2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000007275

Entity Name: MOMS 4 STUDENT ATHLETES, INC.

**Current Principal Place of Business:** 

941 GEORGIA AVENUE ROCKLEDGE, FL 32955

**Current Mailing Address:** 

P.O. BOX 1183

COCOA, FL 32923 US

FEI Number: 83-1132439 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EDWARDS, KELLI D 10600 4TH STREET NORTH 1008

ST. PETERSBURG, FL 33716 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

**FILED** May 16, 2022

**Secretary of State** 

5088872179CC

Officer/Director Detail:

**PRES** VΡ Title Title

EDWARDS, KELLI D DAVIS. TARA Name Name

Address 10600 4TH STREET NORTH Address 941 GEORGIA AVE

1008

City-State-Zip: ROCKLEDGE FL 32955 ST. PETERBURG FL 33716 City-State-Zip:

Title DIR Title DIR

Name ROWE, JAMES SR Name MCCLAIN, MICHELLE Address 3149 DUNHILL DR

500 TRINITY LANE N Address City-State-Zip: COCOA FL 32926 12208

ST. PETERSBURG FL 33716 City-State-Zip:

Title DIRECTOR

LEONARD, PRISHONDA Title DIR Name

Name WILLIAMS, TRACY Address 5672 BEAVERBROOK STREET

City-State-Zip: COCOA FL 32927 Address 370 PEBBLE HILL WAY City-State-Zip: ROCKLEDGE FL 32955

DIRECTOR Title

Name WILSON, LATICE

Address 1030 HERMOSA DRIVE

ROCKLEDGE FL 32955 City-State-Zip:

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.

05/16/2022 SIGNATURE: KELLI D. EDWARDS **PRESIDENT** 

Electronic Signature of Signing Officer/Director Detail

Date