

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000012395

Entity Name: MANU FOR INCLUSION FOUNDATION INC.**Current Principal Place of Business:**3207 CLINT MOORE ROAD #207
BOCA RATON, FL 33496**Current Mailing Address:**3207 CLINT MOORE ROAD #207
BOCA RATON, FL 33496 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WALK, GARY ESQ.
3001 PGA BLVD., SUITE 305
PALM BEACH GARDENS, FL 33410 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	DIRECTOR
Name	VENEGAS, JUANA
Address	3207 CLINT MOORE ROAD #207
City-State-Zip:	BOCA RATON FL 33496

Title	SECRETARY AND DIRECTOR
Name	CHAKRABORTY, PROMI
Address	2500 FRISBY AVE
City-State-Zip:	BRONX NY 10461

Title	PRESIDENT AND DIRECTOR
Name	THOMPSON, TAYLOR C
Address	2301 NW 69TH CT.
City-State-Zip:	FORT LAUDERDALE FL 33309

Title	TREASURER AND DIRECTOR
Name	BOU, IVAN M
Address	3207 CLINT MOORE ROAD APT. 201
City-State-Zip:	BOCA RATON FL 33496

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: VENEGAS , JUANA

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01/20/2023

Electronic Signature of Signing Officer/Director Detail_____
Date