## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# N19000001984

## Entity Name: INDABA, INCORPORATED

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

517 W GAINES STREET TALLAHASSEE, FL 32301

## **Current Mailing Address:**

517 W GAINES STREET TALLAHASSEE, FL 32301 US

# FEI Number: 27-1986712

## Name and Address of Current Registered Agent:

COTTERELL, DONNA PEARL 703 OSCEOLA STREET TALLAHASSEE, FL 32310 US

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 :**

Ti	itle	Р	Title	VP
Ν	ame	COTTERELL, DONNA PEARL	Name	SMITH, SHAUNA Y
A	ddress	703 OSCEOLA STREET	Address	814 APACHE STREET
С	ity-State-Zip:	TALLAHASSEE FL 32310	City-State-Zip:	TALLAHASSEE FL 32301-7004
Ti	tle	C00	Title	OTHER, AT-LARGE
Ν	ame	JAMES, GEORGE W	Name	WATTS, ANDI Y
A	ddress	2300 BLUFF OAK WAY APT. 3208	Address	2425 MISSION ROAD APT. 603
С	ity-State-Zip:	TALLAHASSEE FL 32311	City-State-Zip:	TALLAHASSEE FL 32304-2602
Ti	tle	OTHER, AT-LARGE	Title	ACTIVITIES COORDINATOR
Ν	ame	MESSERLY, MARK	Name	WATSON, AARON
A	ddress	620 FLATWOODS FOREST LEAP	Address	4982 LEAH LN
С	ity-State-Zip:	SANTA ROSA BEACH FL 32459	City-State-Zip:	TALLAHASSEE FL 32303

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: DONNA PEARL COTTERELL

PRESIDENT

05/01/2024

Electronic Signature of Signing Officer/Director Detail