

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19000007034

Entity Name: ARIANS FAMILY FOUNDATION INC**Current Principal Place of Business:**1600 ROSECRANS AVENUE
BLDG. 7 105
MANHATTAN BEACH, CA 90266**Current Mailing Address:**1600 ROSECRANS AVENUE
BLDG. 7 105
MANHATTAN BEACH, CA 90266 US**FEI Number:** 46-2664318**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ARIANS, JAKE
2906 W HAWTHORNE RD
TAMPA, FL 33611 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	PD
Name	ARIANS, JAKE
Address	1600 ROSECRANS AVE, BLDG 7 105
City-State-Zip:	MANHATTAN BEACH CA 90266

Title	VP
Name	FREEMAN, KRISTI
Address	1600 ROSECRANS AVE, BLDG 7 105
City-State-Zip:	MANHATTAN BEACH CA 90266

Title	S
Name	ARIANS, SHELBY
Address	1600 ROSECRANS AVE, BLDG 7 105
City-State-Zip:	MANHATTAN BEACH CA 90266

Title	T
Name	CAPIN, AUDREY
Address	1600 ROSECRANS AVE, BLDG 7 105
City-State-Zip:	MANHATTAN BEACH CA 90266

Title	D
Name	ARIANS, BRUCE
Address	1600 ROSECRANS AVE, BLDG 7 105
City-State-Zip:	MANHATTAN BEACH CA 90266

Title	D
Name	ARIANS, CHRISTINE
Address	1600 ROSECRANS AVE, BLDG 7 105
City-State-Zip:	MANHATTAN BEACH CA 90266

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: AUDREY CAPIN**TREASURER****02/03/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date