

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19000008580

Entity Name: DISASTER RELIEF CENTERS, INC.**Current Principal Place of Business:**2240 HOME AGAIN RD.
APOPKA, FL 32712**Current Mailing Address:**2240 HOME AGAIN RD.
APOPKA, FL 32712 US**FEI Number: 84-2754204****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WHITE, MALCOLM
2240 HOME AGAIN RD.
APOPKA, FL 32712 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	WHITE, FLORENCE RENEE
Address	2240 HOME AGAIN RD.
City-State-Zip:	APOPKA FL 32712

Title	SD
Name	HANNA, TANYA R
Address	2240 HOME AGAIN RD.
City-State-Zip:	APOPKA FL 32712

Title	D, TREASURER
Name	WHITE, MALCOLM
Address	2240 HOME AGAIN RD.
City-State-Zip:	APOPKA FL 32712

Title	DIRECTOR
Name	WHITE, MALCOLM ROBERT
Address	2240 HOME AGAIN RD.
City-State-Zip:	APOPKA FL 32712

Title	DIRECTOR
Name	WHITE, MICHAEL HUGH
Address	2240 HOME AGAIN RD.
City-State-Zip:	APOPKA FL 32712

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: MALCOLM WHITE**TREASURER****04/27/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date