2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19000010694

Entity Name: ALETHA'S LEGACY INC.

Occurred Balancia at Black of Barrians

Current Principal Place of Business:

124 ELM AVE SE

G

FORT WALTON BEACH, FL 32548

Current Mailing Address:

P.O BOX 1824

DESTIN, FL 32540 US

FEI Number: 84-2829402 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HARRIS, ZHALMAN A 124 ELM AVE SE G

DESTIN, FL 32548 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:

Name

Electronic Signature of Registered Agent

Date

FILED Feb 01, 2024

Secretary of State

6326881243CC

Officer/Director Detail:

Title FOUNDER/ BOARD MEMBER Title VP, / DIRECTOR OF LEGAL AFFAIRS/

HARRIS, ZHALMAN A BOARD MEMBER

Name MONIZ, DION ESQ.
Address 124 ELM AVE SE

UNIT G Address 6310 AUGUSTA COVE

City-State-Zip: FORT WALTON BEACH FL 32548 City-State-Zip: DESTIN FL 32541

Title DIRECTOR OF EVENTS/BOARD Title DIRECTOR OF MARKETING/BOARD

MEMBER MEMBER

Name LALA, VELIA Name SHANTELLE, DEDICKE

Address 2584 CAYENNE I N Address 155 S JOHN SIMS PKWY

Address 2584 CAYENNE LN Address 155 S JOHN SIMS PKWY
City-State-Zip: SHALIMAR FL 32579 City-State-Zip: VALPARAISO FL 32580

City-State-Zip: Shalimar FL 32579 City-State-Zip: Valfaraiso FL 32500

 Title
 DIRECTOR OF MARKETING & EVENTS
 Title
 FUNDRAISING CHAIR

 Name
 HATHCOCK, KALAH
 Name
 ROUNTREE, BETH

Address 618 GULF SHORE DR. Address 617 LAGOON DRIVE

City-State-Zip: DESTIN FL 32541 City-State-Zip: DESTIN FL 32541

Title MEDIA DIRECTOR Title SOCIAL MEDIA & EVENT

COORDINATOR

Name DAVIDSON, SARAH Name WALLER, SHELLEY
Address 40 CONIFER CT

Address 40 CONIFER CT Address 103 REARDEN WAY

City-State-Zip: INLET BEACH FL 32461 City-State-Zip: SANTA ROSA BEACH FL 32459

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: ZHALMAN HARRIS EXECUTIVE DIRECTOR 02/01/2024