

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19000012374

Entity Name: FOOTPRINTS: BUDDY & SUPPORT PROGRAM, INC.**Current Principal Place of Business:**1345 CENTER DRIVE
ROOM M552
GAINESVILLE, FL 32610**Current Mailing Address:**1345 CENTER DRIVE
ROOM M552
GAINESVILLE, FL 32610**FEI Number:** 47-5306149**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SAYESKI, PETER
1345 CENTER DRIVE
ROOM M552
GAINESVILLE, FL 32610 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:** PETER SAYESKI

04/08/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	OLIVA, MAIRA
Address	1345 CENTER DRIVE ROOM M552
City-State-Zip:	GAINESVILLE FL 32610

Title	VP
Name	SHENOY, TUSHAR
Address	1345 CENTER DRIVE ROOM M552
City-State-Zip:	GAINESVILLE FL 32610

Title	TREASURER
Name	JAKKIDI, NISHKA
Address	1345 CENTER DRIVE ROOM M552
City-State-Zip:	GAINESVILLE FL 32610

Title	VICE TREASURER
Name	FEIER, DIANA
Address	1345 CENTER DRIVE ROOM M552
City-State-Zip:	GAINESVILLE FL 32610

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: NISHKA JAKKIDI

TREASURER

04/08/2022

Electronic Signature of Signing Officer/Director Detail

Date