SIGNATURE					
	Electronic Signature of Registered Agent				
Officer/Director Detail :					
Title	Ρ	Title	VP		
Name	PARKER, VERONICA	Name	PARKER, KALIKA		
Address	790 SOUTH BISCAYNE RIVER DRIVE	Address	790 SOUTH BISCAYNE R		
		<u></u>			

Title	Ρ	Title	VP
Name	PARKER, VERONICA	Name	PARKER, KALIKA
Address	790 SOUTH BISCAYNE RIVER DRIVE	Address	790 SOUTH BISCAYNE RIVER DRIVE
City-State-Zip:	MIAMI FL 33169	City-State-Zip:	MIAMI FL 33169
Title	SEC	Title	A/S
Name	SMITH, DENIECIA	Name	BECKFORD, MARGARITA
Address	790 SOUTH BISCAYNE RIVER DRIVE	Address	790 SOUTH BISCAYNE RIVER DRIVE
City-State-Zip:	MIAMI FL 33169	City-State-Zip:	MIAMI FL 33169
Title		Title	SAA
Title	TREA	THUC .	

Current Mailing Address:

FEI Number: 84-4802100

Name

Address

Name and Address of Current Registered Agent:

PARKER, VERONICA 790 SO MIAMI

Current Principal Place of Business:

790 SOUTH BISCAYNE RIVER DRIVE MIAMI. FL 33169

DOCUMENT# N2000001789

790 SOUTH BISCAYNE RIVER DRIVE MIAMI. FL 33169

Entity Name: THE ROBERT PARKER FOUNDATION INC

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

PERKINS. SYLVIA

City-State-Zip: MIAMI FL 33169

790 SOUTH BISCAYNE RIVER DRIVE

FILED Apr 07, 2023 Secretary of State 0887784829CC

> 04/07/2023 Date

Certificate of Status Desired: Yes

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: VERONICA PARKER

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.

Name

Address

City-State-Zip:

SIGNATURE: VERONICA PARKER

PRESIDENT

WALKER, VIRGINIA

MIAMI FL 33169

790 SOUTH BISCAYNE RIVER DRIVE

04/07/2023

Electronic Signature of Signing Officer/Director Detail

Date