

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000003564

**Entity Name:** CWOW, INC.**Current Principal Place of Business:**6165 ECLIPSE CIRCLE  
JACKSONVILLE, FL 32258**Current Mailing Address:**13720 OLD ST. AUGUSTINE ROAD  
STE. 8-132  
JACKSONVILLE, FL 32258**FEI Number:** 85-1951142**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MCMOORE, SHALA M  
6165 ECLIPSE CIRCLE  
JACKSONVILLE, FL 32258 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	PRES
Name	MCMOORE, SHALA M
Address	6165 ECLIPSE CIRCLE
City-State-Zip:	JACKSONVILLE FL 32258

Title	CFO
Name	WILLIAMS, JA'JUAN
Address	2623 ASHFIELD COURT
City-State-Zip:	ST. AUGUSTINE FL 32092

Title	SECRETARY
Name	BRISTOW, OCTAVIA SHEREE
Address	5140 GATE PARKWAY APT. 4308
City-State-Zip:	JACKSONVILLE FL 32256

*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:** SHALA MCMOORE**PRESIDENT****02/27/2021**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date