

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20000003901

Entity Name: RE-IMAGINE COMMUNITIES INC.**Current Principal Place of Business:**1186 TALLOW RD
APOPKA, FL 32703**Current Mailing Address:**P.O. BOX 33
MOUNT PLYMOUTH, FL 32768 US**FEI Number:** 86-0664901**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**JEMISON, SHAUNTE L
1186 TALLOW RD
APOPKA, FL 32703 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	P
Name	JEMISON, SHAUNTE L
Address	1186 TALLOW RD
City-State-Zip:	APOPKA FL 32703

Title	MEM
Name	JEMISON, ALBERIC R III
Address	1186 TALLOW RD
City-State-Zip:	APOPKA FL 32703

Title	VP
Name	MASON, TIA L
Address	PO BOX 36
City-State-Zip:	ZELLWOOD FL 32798

Title	MEM
Name	PLEAS, RAMON A
Address	3717 RUNDON DR
City-State-Zip:	ORLANDO FL 32818

Title	MEM
Name	LEWIS, DEIDRE A
Address	PO BOX 47294
City-State-Zip:	TAMPA FL 33646

Title	MEM
Name	MCBEAN, DALE
Address	1754 PALMERSTON CIRCLE
City-State-Zip:	OCFEE FL 34761

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: SHAUNTE L. JEMISON**PRESIDENT****03/15/2021**

Electronic Signature of Signing Officer/Director Detail

Date