

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000003901

**Entity Name:** RE-IMAGINE COMMUNITIES CORP.

**Current Principal Place of Business:**

1186 TALLOW RD  
APOPKA, FL 32703

**Current Mailing Address:**

P.O. BOX 33  
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 CEO  
Name JEMISON, SHAUNTE L  
Address 1186 TALLOW RD  
City-State-Zip: APOPKA FL 32703

Title SECRETARY  
Name JAMERSON-MARTIN, ERICA  
Address P.O. BOX 33  
City-State-Zip: PLYMOUTH FL 32768

Title VP  
Name MASON, TIA L  
Address P.O. BOX 33  
City-State-Zip: PLYMOUTH FL 32768

Title PRESIDENT  
Name PLEAS, RAMON A  
Address P.O. BOX 33  
City-State-Zip: PLYMOUTH FL 32768

Title MEM  
Name LEWIS, DEIDRE A  
Address P.O. BOX 33  
City-State-Zip: PLYMOUTH FL 32768

Title MEM  
Name MCBEAN, DALE  
Address P.O. BOX 33  
City-State-Zip: PLYMOUTH FL 32768

*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 JEMISON

CEO

03/27/2025

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date