

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20000004682

Entity Name: PRISM FL, INC.**Current Principal Place of Business:**1327 PARTRIDGE CLOSE
POMPANO BEACH, FL 33064**Current Mailing Address:**1327 PARTRIDGE CLOSE
POMPANO BEACH, FL 33064 US**FEI Number:** 85-0891778**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FENNING, MAXX
1327 PARTRIDGE CLOSE
POMPANO BEACH, FL 33064 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:** MAXX FENNING

04/24/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIR
Name CORZINE, CONNOR
Address 1327 PARTRIDGE CLOSE
City-State-Zip: POMPANO BEACH FL 33064

Title VICE CHAIR
Name DOUGLAS, NATHANIEL
Address 1327 PARTRIDGE CLOSE
City-State-Zip: POMPANO BEACH FL 33064

Title DIRECTOR
Name EAKINS-DURAND, MARY
Address 1327 PARTRIDGE CLOSE
City-State-Zip: POMPANO BEACH FL 33064

Title DIRECTOR
Name LIEW, KATRINA
Address 1327 PARTRIDGE CLOSE
City-State-Zip: POMPANO BEACH FL 33064

Title DIRECTOR
Name UNGARO, FABIANA
Address 1327 PARTRIDGE CLOSE
City-State-Zip: POMPANO BEACH FL 33064

Title EXECUTIVE DIRECTOR
Name FENNING, MAXX
Address 1327 PARTRIDGE CLOSE
City-State-Zip: POMPANO BEACH FL 33064

Title DIRECTOR
Name GUTIERREZ, ADRIANNA
Address 1327 PARTRIDGE CLOSE
City-State-Zip: POMPANO BEACH FL 33064

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: MAXX FENNING

EXECUTIVE DIRECTOR

04/24/2025

Electronic Signature of Signing Officer/Director Detail

Date