

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20000006979

Entity Name: NDP FOUNDATION INC.**Current Principal Place of Business:**450 BRITTEN DR,
KISSIMME, FL 34758**Current Mailing Address:**P.O BOX 581882
NDP FOUNDATION
KISSIMMEE, FL 34758 US**FEI Number:** 85-1895177**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SEVERE, RUBENS
6444 NW FAYE ST
PORT SAINT LUCIE, FL 34986 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 VP
Name NOEL, FRITZNOR
Address 450 BRITTEN DR
City-State-Zip: KISSIMME FL 34758

Title PRESIDENT
Name CLAUDE, PETERSON
Address 3225 SUMMIT PL DR
City-State-Zip: LOGANVILLE GA 30052

Title TRES
Name CAZEAU, ROODLER
Address 240 EAST 18TH ST
City-State-Zip: BROOKLYN NY 11226

Title SEC
Name SEVERE, RUBENS
Address 6444 NW FAYE ST
City-State-Zip: PORT SAINT LUCIE FL 34986

Title PR
Name JOACIN, SYDNEY
Address 25 HOLLY AVE
City-State-Zip: HEMPSTEAD NY 11550

Title EXECUTIVE SECRETARY
Name CYPRIEN, FABIOLA
Address P.O BOX 581882
City-State-Zip: KISSIMEE FL 34758

Title SOCIAL MEDIA COORDINATOR
Name DELISME, JOHANNE
Address P.O BOX 581882
City-State-Zip: KISSIMEE FL 34758

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: RUBENS SEVERE**SECRETARY****05/01/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date