

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000009397

**Entity Name:** CURESTEPS FOUNDATION INC.

**Current Principal Place of Business:**

7901 4TH STREET N  
SUITE 300  
ST. PETERSBURG, FL 33702

**Current Mailing Address:**

7901 4TH STREET N  
SUITE 4550  
ST. PETERSBURG, FL 33702

**FEI Number:** 85-2653185

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

REGISTERED AGENTS INC.  
7901 4TH STREET N  
SUITE 300  
ST. PETERSBURG, FL 33702 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 WILLIAMS, IAN C  
Address 7901 4TH STREET N  
SUITE 300  
City-State-Zip: ST. PETERSBURG FL 33702

Title VP  
Name CARLO, SPICOLA  
Address 601 N. 19TH ST.  
City-State-Zip: TAMPA FL 33606

Title S/T  
Name LOVEGROVE, JUNE A  
Address 7901 4TH STREET N  
SUITE 300  
City-State-Zip: ST. PETERSBURG FL 33702

Title D  
Name KIMBALL, TIM  
Address 6805 N BRANCH AVE  
City-State-Zip: TAMPA FL 33604

*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:** IAN WILLIAMS

**PRESIDENT**

**04/27/2023**

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

\_\_\_\_\_  
Date