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.

CEO

## SIGNATURE: BRUNIE SANCHEZ

Electronic Signature of Signing Officer/Director Detail

SIGNATURE: Electronic Signature of Registered Agent **Officer/Director Detail :** 

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.

Title	CEO	Title	VP		
Name	SANCHEZ, BRUNIE	Name	HOWARD, KORNEILL		
Address	59 PECAN PASS	Address	729 SOUTH LANIER AVE		
City-State-Zip:	OCALA FL 34472	City-State-Zip:	FORT MEADE FL 33841		
Title	SECR				
Name	RIVERA, KATIA				
Address	30 COOLIDGE STREET				
City-State-Zip:	MANCHESTER CT 06040				

# FEI Number: 85-4319901

# Name and Address of Current Registered Agent:

SANCHEZ, BRUNIE **59 PECAN PASS** OCALA, FL 34472 US

# 2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

### DOCUMENT# N20000013788

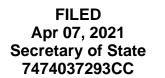
# Entity Name: ME, MYSELF, I FOUNDATION & EMPOWERMENT GROUP INC.

# **Current Principal Place of Business:**

**59 PECAN PASS** OCALA, FL 34472

## **Current Mailing Address:**

**59 PECAN PASS** OCALA, FL 34472



Certificate of Status Desired: No

04/07/2021 Date

Date