

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

DOCUMENT# N21000013878

**Entity Name:** MENTORS FOR FATHERLESS CHILDREN AND ABUSED FAMILIES CORPORATION

**Current Principal Place of Business:**

2904 XAVIER CT.  
ORLANDO, FL 32826-3426

**Current Mailing Address:**

2904 XAVIER CT.  
ORLANDO, FL 32826-3426 US

**FEI Number: 87-4007897**

**Certificate of Status Desired: No**

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

MENTORS FOR FATHERLESS CHILDREN AND ABUSED FAMILIES CORPORATION  
2904 XAVIER CT  
ORLANDO, FL 32826 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: SAMARA JULES**

**10/10/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P/D  
Name ROBINSON, LEO A  
Address 2904 XAVIER CT.  
City-State-Zip: ORLANDO FL 32826-3426

Title S/D  
Name JULES - ROBINSON, SAMARA  
Address 2904 XAVIER CT.  
City-State-Zip: ORLANDO FL 32826-3426

Title DIRECTOR  
Name WASHINGTON, DAVID ELLIOT  
Address 821 HERNDON AVE # 194225  
City-State-Zip: ORLANDO FL 32814

*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: SAMARA JULES-ROBINSON**

**DIRECTOR**

**10/10/2023**

Electronic Signature of Signing Officer/Director Detail

Date