

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

DOCUMENT# N21000014194

**Entity Name:** BREAKING THE STIGMA ENTERPRISES INC.

**Current Principal Place of Business:**

12055 COBBLEWOOD LANE N  
JACKSONVILLE, FL 32225

**Current Mailing Address:**

12055 COBBLEWOOD LANE N  
JACKSONVILLE, FL 32225 UN

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** Yes

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

MAYE, KYM S  
12055 COBBLEWOOD LANE NORTH  
JACKSONVILLE, FL 32225 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 MAYE, KYM S  
Address 12055 COBBLEWOOD LANE NORTH  
City-State-Zip: JACKSONVILLE FL 32225

Title P  
Name MCKNIGHT, SKYLAR D  
Address 12055 COBBLEWOOD LANE NORTH  
City-State-Zip: JACKSONVILLE FL 32225

Title VP  
Name MAYE, JAI E  
Address 12055 COBBLEWOOD LANE NORTH  
City-State-Zip: JACKSONVILLE FL 32225

*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:** KYM MAYE

**FOUNDER**

**03/02/2023**

Electronic Signature of Signing Officer/Director Detail

Date