

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000014206

**Entity Name:** HEADACHE 13 FOUNDATION INC

**Current Principal Place of Business:**

16117 WATER SPRING BLVD  
WINTER GARDEN, FL 34787

**Current Mailing Address:**

PO BOX 571  
APOPKA, FL 32704

**FEI Number: 87-4054709**

**Certificate of Status Desired: No**

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

GITTENS, QUENTIN T  
581 N. PARK AVE  
#571  
APOPKA, FL 32704 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 FCEO  
Name GITTENS, QUENTIN T  
Address 581 N. PARK AVE #571  
City-State-Zip: APOPKA FL 32704

Title DIR  
Name GITTENS, MONIQUE M  
Address 581 N. PARK AVE #571  
City-State-Zip: APOPKA FL 32704

Title DIR  
Name BURRELL, ERVIN  
Address 4735 CRESTED EAGLE LANE  
City-State-Zip: FORT MYERS FL 33966

Title DIR  
Name GLOVER, SHAVON  
Address 869 EAST 147TH ST 8J  
City-State-Zip: BRONX NY 10455

Title DIR  
Name EBERHART, WILLIAM  
Address 10462 NE AVERY WAY  
City-State-Zip: HILLSBORO OR 97006

*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: QUENTIN GITTENS**

**FCEO**

**09/01/2022**

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

\_\_\_\_\_  
Date