2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2025
Secretary of State
6586215269CC

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Entity Name: WHO AM I MENTORING PROGRAM INC.

Current Principal Place of Business:

3545 ST. JOHNS BLUFF RD. S
235
JACKSONVILLE, FL 32224

Current Mailing Address:

3545 ST. JOHNS BLUFF RD. S
235
JACKSONVILLE, FL 32224

FEI Number: 87-4635607

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JACKSON, ANGELA M
6495 SMOOTH THORN COURT
JACKSONVILLE, FL 32224 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	PRES
Name	JACKSON, ANGELA M
Address	3545 ST. JOHNS BLUFF RD. S
City-State-Zip:	JACKSONVILLE FL 32224

Title	VP
Name	RENARD, SHAWNESHA N
Address	19248 BRIAR BROOK
City-State-Zip:	TAMPA FL 33647

Title	CH
Name	RENARD, MADISON M
Address	19248 BRIAR BROOK
City-State-Zip:	TAMPA FL 33647

Title	DIR
Name	COWAN, DEYSHAWN C
Address	3545 ST. JOHNS BLUFF RD. S
City-State-Zip:	JACKSONVILLE FL 32224

Title	DIR
Name	WATKINS, BENICE
Address	3214 PENNY LANE
City-State-Zip:	MURFREESBORO TN 37130

Title	DIR
Name	JACKSON, MICHAEL
Address	307 SUNSHINE PLACE
City-State-Zip:	CATONSVILLE MD 21228

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: ANGELA JACKSON PRESIDENT 04/28/2025

Electronic Signature of Signing Officer/Director Detail — Date