

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22000001380

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
3545 ST. JOHNS BLUFF RD. S
235
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

05/01/2024

Electronic Signature of Signing Officer/Director Detail

Date