

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

DOCUMENT# N22000005611

**FILED**  
**Mar 15, 2023**  
**Secretary of State**  
**3471546934CC**

**Entity Name:** POWER OF KNOWLEDGE FOUNDATION INC

**Current Principal Place of Business:**

145 CHRISTINE DRIVE  
SATELLITE BEACH, FL 32937

**Current Mailing Address:**

15841 SW 138TH TER  
MIAMI, FL 33196 US

**FEI Number: 88-2589340**

**Certificate of Status Desired: Yes**

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

ETIENNE, CRYSTAL R  
15841 SW 138TH TER  
MIAMI, FL 33196 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                        | Title           | VP                 |
| Name            | ETIENNE, CRYSTAL R       | Name            | ETIENNE, RALPH     |
| Address         | 15841 SW 138TH TER       | Address         | 15841 SW 138TH TER |
| City-State-Zip: | MIAMI FL 33196           | City-State-Zip: | MIAMI FL 33196     |
|                 |                          |                 |                    |
| Title           | TREASURER                | Title           | SECRETARY          |
| Name            | STOUT, MELISSA R         | Name            | ETIENNE, ANDREA    |
| Address         | 145 CHRISTINE DRIVE      | Address         | 15841 SW 138TH TER |
| City-State-Zip: | SATELLITE BEACH FL 32937 | City-State-Zip: | MIAMI FL 33196     |

*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: CRYSTAL ETIENNE**

**PRESIDENT**

**03/15/2023**

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

\_\_\_\_\_  
Date