

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22000013479

Entity Name: 27 SANDWICHES, INC.

Current Principal Place of Business:

5180 NESTING WAY
APT C
DELRAY BEACH, FL 33484

Current Mailing Address:

5180 NESTING WAY
APT C
DELRAY BEACH, FL 33484 US

FEI Number: 88-4352883

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCAMAN, KATHLEEN M
5180 NESTING WAY
C
DELRAY BEACH, FL 33484 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 HOUSMAN, SUSAN
Address 1900 CONSULATE PLACE
City-State-Zip: WEST PALM BEACH FL 33401

Title FOUNDER
Name WEISSMAN, JANET
Address 3301 S. PALM AIRE DRIVE #108
City-State-Zip: POMPANO BEACH FL 33069

Title S
Name RICCI, SARAH
Address 3905 N NOB ROAD APT 206
City-State-Zip: SUNRISE FL 33351

Title V.P.
Name TORRES, GLORIA
Address 11206 MUSTANG STREET
City-State-Zip: BOCA RATON FL 33428

Title T
Name SCAMAN, KATHLEEN M
Address 5180 NESTING WAY UNIT C
City-State-Zip: DELRAY BEACH FL 33484

Title BOARD MEMBER
Name CLEMON, BONNIE JR.
Address 2382 NW 36TH AVENUE
City-State-Zip: COCONUT CREEK FL 33066

Title BOARD MEMBER
Name HERTZ, OREN
Address PO BOX 6391
City-State-Zip: DELRAY BEACH FL 33482

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: KATHLEEN SCAMAN

TREASURER

02/03/2024

Electronic Signature of Signing Officer/Director Detail

Date