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: ALEXANDER DUES

Electronic Signature of Signing Officer/Director Detail

Electronic Signature of Registered Agent

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.

Title	Ρ	Title	VP
Name	DUES, ALEXANDER	Name	DUES, CHERIE
Address	3248 RIBBON GRASS DR	Address	3248 RIBBON GRASS
City-State-Zip:	MELBOURNE FL 32940	City-State-Zip:	MELBOURNE FL 329
Title	S		
Name	DUES, ALEXIS		
Address	3248 RIBBON GRASS DR		

Offic

City-State-Zip: MELBOURNE FL 32940

cer/Director Detail :				
	Р	Title	VP	
е	DUES, ALEXANDER	Name	DUES, CHERIE	
ess	3248 RIBBON GRASS DR	Address	3248 RIBBON GRASS DR	
State-Zip:	MELBOURNE FL 32940	City-State-Zip:	MELBOURNE FL 32940	
	S			
е	DUES, ALEXIS			
~~~				

# Name and Address of Current Registered Agent:

DUES, ALEXANDER 3248 RIBBON GRASS DR

MELBOURNE, FL 32940 US

SIGNATURE:

3248 RIBBON GRASS DR

# 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

### DOCUMENT# N23000012509

Entity Name: THE SYLVIA S DUES FOUNDATION INC.

# **Current Principal Place of Business:**

MELBOURNE, FL 32940

#### **Current Mailing Address:**

3248 RIBBON GRASS DR MELBOURNE. FL 32940 US

### FEI Number: 93-4712916

Certificate of Status Desired: Yes

DIRECTOR

Date

05/22/2024

FILED May 22, 2024 Secretary of State 6075815227CC

Date