

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N23000014015

**Entity Name:** BREAKROOM ENTERTAINMENT, INC.**Current Principal Place of Business:**810 E RIVER DRIVE  
TEMPLE TERRACE, FL 33617**Current Mailing Address:**810 E RIVER DRIVE  
TEMPLE TERRACE, FL 33617 US**FEI Number:** 93-3132730**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**AMARAL, PEDRO  
810 E RIVER DRIVE  
TEMPLE TERRACE, FL 33617 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            PRESIDENT  
Name            MAREDA, RICHARD  
Address        810 E RIVER DRIVE  
City-State-Zip: TEMPLE TERRACE FL 33617

Title            DIRECTOR  
Name            MILLER-RAY, CYNTHIA  
Address        810 E RIVER DRIVE  
City-State-Zip: TEMPLE TERRACE FL 33617

Title            TREASURER  
Name            WADE, COREY G  
Address        810 E RIVER DRIVE  
City-State-Zip: TEMPLE TERRACE FL 33617

Title            FUNDRAISING COORDINATOR  
Name            DVORACSEK, JESSICA  
Address        810 E RIVER DRIVE  
City-State-Zip: TEMPLE TERRACE FL 33617

Title            ARTISTIC DIRECTOR  
Name            AMARAL, PEDRO  
Address        810 E RIVER DRIVE  
City-State-Zip: TEMPLE TERRACE FL 33617

Title            SECRETARY  
Name            BELK, PETER W  
Address        810 E RIVER DRIVE  
City-State-Zip: TEMPLE TERRACE FL 33617

Title            EVENTS COORDINATOR  
Name            CUFFE, JAMIE  
Address        810 E RIVER DRIVE  
City-State-Zip: TEMPLE TERRACE FL 33617

Title            MARKETING COORDINATOR  
Name            BURDER, REBEKAH  
Address        810 E RIVER DRIVE  
City-State-Zip: TEMPLE TERRACE FL 33617

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*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:** PEDRO AMARAL**ARTISTIC DIRECTOR****07/29/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	VOLUNTEER COORDINATOR
Name	COLLARD, JESSICA
Address	810 E RIVER DRIVE
City-State-Zip:	TEMPLE TERRACE FL 33617