

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

DOCUMENT# N99000001161

**Entity Name:** THE FONVIELLE FOUNDATION, INC.**Current Principal Place of Business:**10800 MCCRACKEN RD.  
TALLAHASSEE, FL 32309**Current Mailing Address:**10800 MCCRACKEN RD  
TALLAHASSEE, FL 32309**FEI Number:** 59-3569084**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FONVIELLE, C. DAVID  
10800 MCCRACKEN RD.  
TALLAHASSEE, FL 32309 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	D
Name	FONVIELLE, C. DAVID
Address	10800 MCCRACKEN RD.
City-State-Zip:	TALLAHASSEE FL 32309

Title	D
Name	FONVIELLE, DEBORAH K
Address	10800 MCCRACKEN RD.
City-State-Zip:	TALLAHASSEE FL 32309

Title	D
Name	SOTO, CAULLEY F
Address	3755 BOBBIN MILL ROAD
City-State-Zip:	TALLAHASSEE FL 32312

Title	D
Name	SOTO, JOSEPH C
Address	3755 BOBBIN MILL ROAD
City-State-Zip:	TALLAHASSEE FL 32312

Title	D
Name	ANTOHI, JORDAN F
Address	4825 HIGH GROVE ROAD
City-State-Zip:	TALLAHASSEE FL 32309

Title	D
Name	ANTOHI, ANDREI
Address	4825 HIGH GROVE ROAD
City-State-Zip:	TALLAHASSEE FL 32309

*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:** FONVIELLE, C. DAVID

D

04/18/2023

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