

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000006916

Entity Name: KEENANM MULTI-SERVICES CENTER INC.

Current Principal Place of Business:

6453 S ORANGE AVE SUITE 2
ORLANDO, FL 32809

Current Mailing Address:

6453 S ORANGE AVE SUITE 2
ORLANDO, FL 32809 US

FEI Number: 01-0607884

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JOSEPH, FRANCKY DAGENT
6453 S ORANGE AVE SUITE 2
ORLANDO, FL 32809 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 PREIDENT/CHAIRMAN
Name GEORGES, ELIJAH M
Address P.O. BOX 592502
City-State-Zip: ORLANDO FL 32839

Title VP
Name GEORGES, ALFRED M
Address 133 BURRELL CIRCE
City-State-Zip: KISSIMMEE FL 34744

Title CEO
Name GEORGES, ELIZABETH A
Address 133 BURRELL CIRCLE
City-State-Zip: KISSIMMEE FL 34744

Title O
Name ERNESTINA, CABRERA
Address 1360 45TH ST
City-State-Zip: ORLANDO FL 32839

Title O
Name PIERRE, SANTA
Address 425 RIO GRANDE CT
City-State-Zip: KISSIMMEE FL 34759

Title O
Name TINORD, STERLEY
Address 1401 41ST ST
City-State-Zip: ORLANDO FL 32839

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SANTA PIERRE

O

04/27/2021

Electronic Signature of Signing Officer/Director Detail

Date