

**2020 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: ALFRED GEORGES**

**VP**

**05/25/2020**

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

\_\_\_\_\_  
Date