

2022 FOREIGN NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F21000003802

Entity Name: MARION WOODMAN FOUNDATION, INC.

Current Principal Place of Business:

1700 N MONROE ST STE 11-120
TALLAHASSEE, FL 32303

Current Mailing Address:

1700 N MONROE ST STE 11-120
TALLAHASSEE, FL 32303

FEI Number: 11-3634338

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JACOBS, CINDY
3965 BELLAC RD
TALLAHASSEE, FL 32303 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: CINDY JACOBS

12/05/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title C
Name PALMER-DALEY, JEAN
Address 5486 RINCON BEACH PARK DR
City-State-Zip: VENTURA CA 93001

Title S
Name JACOBS, CINDY
Address 3965 BELLAC ROAD
City-State-Zip: TALLAHASSEE FL 32303

Title D
Name PRZEKWAS, SARAH
Address 5900 S NIXON CT
City-State-Zip: LITTLETON CO 80123

Title VC
Name LAMPE, BENEDICT
Address 1700 N MONROE ST STE 11-120
City-State-Zip: TALLAHASSEE FL 32303

Title T
Name JACOBS, CINDY
Address 3965 BELLAC RD
City-State-Zip: TALLAHASSEE FL 32303

Title D
Name D'HUBERT, MARIE
Address 27 RUE DAMREMONT
City-State-Zip: PARIS 75018

Title D
Name HICKS, SARAH JANE
Address 612-120 PERTH AVE
City-State-Zip: TORONTO ONTARIO M6P 4E1

Title DIRECTOR
Name WELLS, ANDREA
Address PO BOX 365
City-State-Zip: SANTA CRUZ CA 95061

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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: CINDY JACOBS

SECRETARY

12/05/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BITTENCOURT, MARCIA
Address RUA MASSACA 231 AP
 LYON 42
City-State-Zip: SAO PAULO SAO PAULO 05465-050