

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718090

Entity Name: LA AMISTAD FOUNDATION, INC.**Current Principal Place of Business:**8400 LA AMISTAD COVE
FERN PARK, FL 32730**Current Mailing Address:**8400 LA AMISTAD COVE
FERN PARK, FL 32730 US**FEI Number:** 59-1300982**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SUMMEY, SARAH
497 BUCKHORN DRIVE
WINTER SPRINGS, FL 32708 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:** SARAH SUMMEY

03/25/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|-----------------------------|
| Title | SECRETARY |
| Name | WOODRUFF, BRUCE |
| Address | 3101 MAGUIRE BLVD, STE. 256 |
| City-State-Zip: | ORLANDO FL 32803 |

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|-----------------|----------------------|
| Title | CHAIRMAN |
| Name | WILLIAMS, TERESA |
| Address | 1450 CHESTNUT AVE |
| City-State-Zip: | WINTER PARK FL 32789 |

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|-----------------|----------------------|
| Title | TRUSTEE |
| Name | AULD, BRYN |
| Address | 1667 LASBURY AVE. |
| City-State-Zip: | WINTER PARK FL 32789 |

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|-----------------|--------------------|
| Title | TRUSTEE |
| Name | HIGGINS, STEPHANIE |
| Address | 1321 W HARVARD ST |
| City-State-Zip: | ORLANDO FL 32804 |

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|-----------------|-------------------|
| Title | TRUSTEE |
| Name | MOORE, NOELLE |
| Address | 608 WAVERLY LANE |
| City-State-Zip: | MAITLAND FL 32751 |

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|-----------------|--------------------|
| Title | TRUSTEE |
| Name | SMITH, JORDAN |
| Address | 204 HURST COURT |
| City-State-Zip: | LAKE MARY FL 32746 |

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|-----------------|---------------------|
| Title | TRUSTEE |
| Name | MCLAREN, DEBBIE |
| Address | 126 HIGHLAND AVENUE |
| City-State-Zip: | NORWALK CT 06853 |

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|-----------------|----------------------|
| Title | CEO |
| Name | SUMMEY, SARAH |
| Address | 8400 LA AMISTAD COVE |
| City-State-Zip: | FERN PARK FL 32730 |

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: SARAH SUMMEY

CEO

03/25/2024

Electronic Signature of Signing Officer/Director Detail

Date