2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765958

Entity Name: FLORIDA HIGH SCHOOLS MODEL UNITED NATIONS, INC.

FILED Mar 22, 2015 **Secretary of State** CC5053098206

Current Principal Place of Business:

332 BEARDED OAKS CIRCLE SARASOTA, FL 34232

Current Mailing Address:

544 AURORA STREET

SOUTH DAYTONA, FL 32119 US

FEI Number: 59-2274688 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

EFFIOM-DAUW, HAKIM 4760 NEPTUNE DR SE SAINT PETERSBURG, FL 33705 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: HAKIM EFFIOM-DAUW 03/22/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title CEO Title ED

GEBHARDT, CHRIS MORELL, CASEY Name Name **544 AURORA STREET** Address Address 4419 BAYBREEZE RD City-State-Zip: ORLANDO FL 32808 SOUTH DAYTONA FL 32119 City-State-Zip:

Title **SPBT** Title DEA

Name SUTLIFF, BRIAN GARCIA, JENNIFER Name

Address 332 BEARDED OAKS CIRCLE Address 2909 NETWORK PLACE

209B

APOPKA FL 32712

City-State-Zip:

SARASOTA FL 34232 City-State-Zip: LUTZ FL 33559 City-State-Zip:

Title RA Title SG

Name EFFIOM-DAUW, HAKIM Name ABDULWAKEEL, AMANA Address 4760 NEPTUNE DR SE

Address 10781 CABBAGE TREE LOOP City-State-Zip: SAINT PETERSBURG FL 33705

City-State-Zip: ORLANDO FL 32825

Title Title DD

Name BOWMAN, ALISON Name LEWIS, GRANT

60 BIRCHCREST BLVD Address Address

1341 BRANCH HILL CT City-State-Zip: PORT CHARLOTTE FL 33954

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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.

03/22/2015 SIGNATURE: HAKIM EFFIOM-DAUW REGISTERED AGENT

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title RS

Name BALLESTIN, LUCAS

Address 355 STOCKTON STREET

4/

City-State-Zip: BROOKLYN FL 11206

Title BM

Name SMITH, LIZ

Address 411 N BRIGGS AVE

406

City-State-Zip: SARASOTA FL 34237

Title BM

Name SRINIVASAN, ASVIN

Address 185 CANAL ST

City-State-Zip: SHELTON FL 06484

Title BM

Name TERRY, PATRICK

Address 2434 SHERBROOKE RD City-State-Zip: WINTER PARK FL 32792