2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000007308

Entity Name: S4P SYNERGY, INC.

Current Principal Place of Business:

24 BASS AVENUE SW

FORT WALTON BEACH, FL 32548

Current Mailing Address:

PO BOX 1626

FT WALTON BEACH. FL 32549

FEI Number: 59-3676322 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KING, MARCUS M. 24 BASS AVENUE SW

FORT WALTON BEACH, FL 32548 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: MARCUS M. KING 01/29/2023

Electronic Signature of Registered Agent

2693 HIDDEN ESTATES CIRCLE

Date

FILED Jan 29, 2023

Secretary of State

1725102704CC

Officer/Director Detail:

Address

Title VICE CHAIR Title OTHER, MEMBER HILLS, MARVA THORNE, LASHANDA Name Name 726 KAREN AVENUE 1839 HEARTLAND DRIVE Address Address

City-State-Zip: FORT WALTON BEACH FL 32547 FORT WALTON BEACH FL 32547 City-State-Zip:

Title PASTOR, ADVISOR Title **CHAIR** Name BOLDIN, LARRY N JESSE, JACKSON Name Address 804 FORREST COVE Address 9 11TH STREET City-State-Zip: MARY ESTHER FL 32569 City-State-Zip: SHALIMAR FL 32579

Title **TREASURER** Title OTHER, MEMBER Name HUFF, ANGELIA Name HINES. MAJOR Address 437 HERITAGE WAY

FORT WALTON BEACH FL 32547 City-State-Zip: NAVARRE FL 32566 City-State-Zip:

Title OTHER. MEMBER Title OTHER, MEMBER Name DONALD, WILLIE JR. JAMES, JIMMY Name 163 SCOTTSDALE DRIVE Address 7152 SNUG WATER RD Address

City-State-Zip: FORT WALTON FL 32569 City-State-Zip: NAVARRE FL 32566

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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.

01/29/2023 SIGNATURE: ANGELIA HUFF **OUTREACH** COORDINATOR

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title OTHER, MEMBER Title DIRECTOR

Name SIMON, MELINDA Name KING, MARCUS M.

Address 424 TANGLEWOOD DR Address 47 7TH STREET

City-State-Zip: FORT WALTON BEACH FL 32547 City-State-Zip: SHALIMAR FL 32579-1838