

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000007152

**Entity Name:** THE OTHER SIDE MOVEMENT, INC**Current Principal Place of Business:**15251 NE 18TH AVE  
SUITE 2  
NORTH MIAMI, FL 33162**Current Mailing Address:**P.O. BOX 821885  
PEMBROKE PINES, FL 33082**FEI Number:** 27-3131555**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ATHOURIS, ROLAND II  
15251 NE 18TH AVE  
SUITE 2  
NORTH MIAMI, FL 33162 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:** ROLAND ATHOURIS**03/15/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P
Name	ATHOURIS, ROLAND II
Address	PO BOX 821885
City-State-Zip:	PEMBROKE PINES FL 33082

Title	VP
Name	SCOTT, DR. SHERRILYN
Address	3800 NW 203RD ST
City-State-Zip:	MIAMI FL 33056

Title	DIRECTOR
Name	DANIEL, SHAVETT
Address	917 MOUNT MCKILEY WAY
City-State-Zip:	GRAYSON GA 33017

Title	DIRECTOR
Name	WALKER, JASON
Address	4710 NW 165TH STREET
City-State-Zip:	MIAMI FL 33014

Title	DIRECTOR
Name	GRANT, JOSEPH
Address	15251 NE 18TH AVE SUITE 2
City-State-Zip:	NORTH MIAMI FL 33162

Title	DIRECTOR
Name	WANZO, DR. CASSANDRA
Address	15251 NE 18TH AVE SUITE 2
City-State-Zip:	NORTH MIAMI FL 33162

*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:** ROLAND ATHOURIS**PRESIDENT****03/15/2018**

Electronic Signature of Signing Officer/Director Detail

Date