I hereby certify that the information indicated on this report or supplemental report is true and accurate oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute		
above, or on an attachment with all other like empowered.		
SIGNATURE: JACQUELINE SUPRA	TREASURER	04/09/2024

SIGNATURE: JACQUELINE SUPRA

Electronic Signature of Signing Officer/Director Detail

Date Electronic Signature of Registered Agent Title Name Addres City-St Title Name Addres

#### Offic

SIGNATURE: JACQUELINE SUPRA

Officer/Dire	ctor Detail :		
Title	TREASURER	Title	SECRETARY
Name	SUPRA, JACQUELINE	Name	STATON, ATHENA
Address	1727 ROSE GARDEN LANE	Address	8712 PALM LAKE DR
City-State-Zip:	ORLANDO FL 32825	City-State-Zip:	ORLANDO FL 32819
Title	PRESIDENT		
Name	MAYORGA, MATTHEW		
Address	7689 SUGAR BEND DRIVE		
City-State-Zip:	ORLANDO FL 32819		

#### 1727 ROSE GARDEN LANE

### DOCUMENT# N15000012169

Entity Name: IAN SUPRA MEMORIAL FOUNDATION, INC.

#### **Current Principal Place of Business:**

1727 ROSE GARDEN LANE

#### **Current Mailing Address:**

1727 ROSE GARDEN LANE ORLANDO, FL 32825 US

#### FEI Number: 81-0954296

## Name and Address of Current Registered Agent:

SUPRA, JACQUELINE ORLANDO, FL 32825 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.

# ORLANDO, FL 32825

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### FILED Apr 09, 2024 Secretary of State 5261067155CC

04/09/2024

Certificate of Status Desired: No

Date

TREASURER