

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000013399

**Entity Name:** BON PAYS FOUNDATION, INC.

**Current Principal Place of Business:**

816 LAKE EVALYN DRIVE  
CELEBRATION, FL 34747

**Current Mailing Address:**

816 LAKE EVALYN DRIVE  
CELEBRATION, FL 34747

**FEI Number: 85-4162106**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

HUNTER, HAROLD R  
816 LAKE EVALYN DRIVE  
CELEBRATION, FL 34747 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name HUNTER, HAROLD R  
Address 816 LAKE EVALYN DRIVE  
City-State-Zip: CELEBRATION FL 34747

Title D  
Name HUNTER, ELIZABETH J  
Address 816 LAKE EVALYN DRIVE  
City-State-Zip: CELEBRATION FL 34747

Title D  
Name RAYMOND, HAROLD RAYMOND  
Address 5 WESTMORELAND TERRACE  
OLD SODBURY  
City-State-Zip: BRISTOL SOUTH  
GLOUCESTERSHIRE BS37 6RN

Title D  
Name WILBRAHAM, EVANNA JOAN  
Address 1 WEST STREET  
2817  
City-State-Zip: NEW YORK NY 10004-1035

*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: HAROLD RAYMOND HUNTER**

**DIRECTOR**

**02/10/2021**

Electronic Signature of Signing Officer/Director Detail

Date