

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000002324

**Entity Name:** COOL ABILITIES INCORPORATED

**Current Principal Place of Business:**

119 KATHRYN DRIVE  
PENSACOLA, FL 32506

**Current Mailing Address:**

119 KATHRYN DRIVE  
PENSACOLA, FL 32506 US

**FEI Number: 84-2303042**

**Certificate of Status Desired: Yes**

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

LONG, RACHEL  
119 KATHRYN DR  
PENSACOLA FL 32506, FL 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 P  
Name LONG, RACHEL MRS  
Address 119 KATHRYN DR  
City-State-Zip: PENSACOLA FL 32506

Title PROJECT MANAGER VP  
Name WALLACE, TERRANCE  
Address 5587 PONTE VERDE ROAD  
City-State-Zip: PENSACOLA FL 32507

Title TREASUER  
Name VINCENT, PAUL  
Address 10469 BERNICE ROAD  
City-State-Zip: MILTON FL 32583

Title ADVISOR  
Name SMITH, VICTOR  
Address 8787 SALT GRASS DRIVE  
City-State-Zip: PENSACOLA FL 32526

Title SECRETARY  
Name FLOYD, AVA  
Address 1707 EAST CROSS STREET  
City-State-Zip: PENSACOLA FL 32503

*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: LONG, RACHEL, MRS**

**PRESIDENT**

**02/04/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date