

**2023 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N21000002979

**Entity Name:** SOULEVER FOUNDATION, INC.

**Current Principal Place of Business:**

1926 FANNIE DR  
SUITE 2  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

1926 FANNIE DR  
SUITE 2  
TALLAHASSEE, FL 32303 US

**FEI Number: 86-2664830**

**Certificate of Status Desired: No**

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

ROLLINS, CHEVALIER M  
1926 FANNIE DR  
SUITE 2  
TALLAHASSEE, FL 32303 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: CHEVALIER M. ROLLINS**

**10/31/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            ROLLINS, CHEVALIER M  
Address        1926 FANNIE DR  
                  SUITE 2  
City-State-Zip: TALLAHASSEE FL 32303

Title            SECRETARY  
Name            JONES, LYDRICKA  
Address        1926 FANNIE DR  
                  SUITE 2  
City-State-Zip: TALLAHASSEE FL 32303

Title            TREASURER  
Name            BAILEY, L'OREAL  
Address        1926 FANNIE DR  
                  SUITE 2  
City-State-Zip: TALLAHASSEE FL 32303

Title            D  
Name            MCKNIGHT-HOLMES, KARLA  
Address        1926 FANNIE DR  
                  SUITE 2  
City-State-Zip: TALLAHASSEE FL 32303

Title            D  
Name            JONES, JOSEPH J  
Address        1926 FANNIE DR  
                  SUITE 2  
City-State-Zip: TALLAHASSEE FL 32303

Title            D  
Name            EZEKIEL, JAMES T  
Address        1926 FANNIE DR  
                  SUITE 2  
City-State-Zip: TALLAHASSEE FL 32303

Title            D  
Name            GAINES, VICTOR R  
Address        1926 FANNIE DR  
                  SUITE 2  
City-State-Zip: TALLAHASSEE FL 32303

Title            VP  
Name            HAIRSTON, ISIAAH  
Address        1926 FANNIE DR  
                  SUITE 2  
City-State-Zip: TALLAHASSEE FL 32303

*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: CHEVALIER ROLLINS**

**PRESIDENT**

**10/31/2023**

Electronic Signature of Signing Officer/Director Detail

Date