

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000013585

**Entity Name:** FINK FIVE FOUNDATION, INC.

**Current Principal Place of Business:**

4201 W SYLVAN RAMBLE ST  
TAMPA, FL 33609

**Current Mailing Address:**

4201 W SYLVAN RAMBLE ST  
TAMPA, FL 33609

**FEI Number: 87-3917544**

**Certificate of Status Desired: No**

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

KOCHE, DAVID L  
401 E. JACKSON STREET, SUITE 1500  
TAMPA, FL 33602 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            PTD  
Name            FINK, SCOTT  
Address        4201 W SYLVAN RAMBLE ST  
City-State-Zip: TAMPA FL 33609

Title            SD  
Name            FINK, KATHLEEN  
Address        4201 W SYLVAN RAMBLE ST  
City-State-Zip: TAMPA FL 33609

Title            D  
Name            FINK, JORDAN  
Address        4201 W SYLVAN RAMBLE ST  
City-State-Zip: TAMPA FL 33609

Title            D  
Name            FINK, RYAN  
Address        4201 W SYLVAN RAMBLE ST  
City-State-Zip: TAMPA FL 33609

Title            D  
Name            FINK, RACHEL  
Address        4201 W SYLVAN RAMBLE ST  
City-State-Zip: TAMPA FL 33609

*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: SCOTT FINK**

**DIRECTOR**

**03/25/2024**

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

\_\_\_\_\_  
Date