2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700308

Entity Name: EASTER SEALS FLORIDA, INC.

inity rame. Exercise Series (Eeries (, in

Current Principal Place of Business:

2010 CROSBY WAY

WINTER PARK. FL 32792-4119

Current Mailing Address:

2010 CROSBY WAY

WINTER PARK, FL 32792-4119 US

FEI Number: 59-0637848 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

TAYLOR, CORY L ESQ. LAW OFFICE OF CORY TAYLOR, P.A. 6822 SEMINOLE DRIVE ORLANDO, FL 32812 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

FILED Feb 03, 2023

Secretary of State

3135749409CC

Officer/Director Detail:

Title PRESIDENT AND CEO Title DIRECTOR

Name SUSAN, VENTURA Name TAYLOR, CORY L

Address 10061 CHARDONNAY DRIVE Address LAW OFFFICE OF CORY TAYLOR, P.A.

6822 SEMINOLE DRIVE

City-State-Zip: ORLANDO FL 32832

City-State-Zip: ORLANDO FL 32812

Title DIRECTOR

Title COO Name HANNA, EDWARD R

Address FISERV, INC Name PORCARO, ROB

22 HUGHES PL, APT 1 Address 14525 BRETTON WOODS TRACE

City-State-Zip: SUMMIT NJ 07901 City-State-Zip: DELRAY BEACH FL 33446

Title SECOND VICE CHAIR Title FIRST VICE CHAIR

Name KERN, JOSEPH ESQ. Name LAMBERT, RONALD L.

Address 112 KENNISON DR Address 220 SOUTH EDINBURGH DR
City-State-Zip: ORLANDO FL 32801 City-State-Zip: WINTER PARK FL 32792

Title TREASURER Title PROGRAM LOCATION

TitleTREASURERTitlePROGRAM LOCATIONNameLEWIS, REBECCANameTAMPA MURRAY CENTER

Address 286 CARAVELLE DRIVE Address 2401-2403 EAST HENRY AVENUE

City-State-Zip: JUPITER FL 33458 City-State-Zip: TAMPA FL 33610-4434

Continues on page 2

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: RIKESHA BLAKE CFO 02/03/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

PROGRAM LOCATION Title Title PROGRAM LOCATION AMAR CENTER **CAMP CHALLENGE** Name Name

Address 213 S. CONGRESS AVE Address 31600 CAMP CHALLENGE RD.

City-State-Zip: SORRENTO FL 32776-9558 City-State-Zip: WEST PALM BEACH FL 33409-3823

Title PROGRAM LOCATION Title PROGRAM LOCATION NAPLES OFFICE Name Name PALM BAY FACILITY

Address 8793 TAMIAMI TR., UNIT 111 Address 6050 BABCOCK ST., SE, SUITE 18

City-State-Zip: NAPLES FL 34113-3300 City-State-Zip: PALM BAY FL 32909-4204

Title PROGRAM LOCATION Title PROGRAM LOCATION Name ALTRUSA HOUSE PORT ST. LUCIE OFFICE Name 2100 SE HILLMOOR DR, UNIT 104 Address 2002 NW 36TH AVE Address

City-State-Zip: GAINESVILLE FL 32605-2493

City-State-Zip: PORT ST. LUCIE FL 34952

Title **CHAIRMAN** Title DIRECTOR

Name OSBORNE, KAREN E CHAPMAN, JENNIFER Name

Address 10881 SW CANDLEWOOD ROAD Address 3620 E STERLING CIRCLE

City-State-Zip: PORT ST LUCIE FL 34987 City-State-Zip: TAMPA FL 33629

Title **SECRETARY** CFO Title

Name STOREY, PHIL ESQ. Name BLAKE, RIKESHA

Address PHILLIP D. STOREY, ATTORNEY AT Address 709 REMINGTON OAK DR LAW

352 WEST FIESTA KEY LOOP City-State-Zip: LAKE MARY FL 32746

City-State-Zip: DELAND FL 32720