

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705463

Entity Name: CAPSTONE ADAPTIVE LEARNING AND THERAPY CENTERS, INC.**FILED**
Jan 16, 2018
Secretary of State
CC5477500864**Current Principal Place of Business:**2912 NORTH E ST.
PENSACOLA, FL 32501**Current Mailing Address:**2912 NORTH E ST.
PENSACOLA, FL 32501**FEI Number: 59-0737912****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**WHITE, SHERRY A.
2912 NORTH E STREET
PENSACOLA, FL 32501 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 OFFICER
Name BRICKER, A. RANDY
Address 2912 NORTH E STREET
City-State-Zip: PENSACOLA FL 32501Title TREASURER
Name BELL, BRIAN
Address 2912 NORTH E ST.
City-State-Zip: PENSACOLA FL 32501Title OFFICER
Name STEAD, JON
Address 2912 NORTH E STREET
City-State-Zip: PENSACOLA FL 32501Title PRESIDENT
Name WHITE, SHERRY A
Address 2912 NORTH E STREET
City-State-Zip: PENSACOLA FL 32501Title VC
Name HUGGINS, BRAD
Address 2912 NORTH E ST.
City-State-Zip: PENSACOLA FL 32501Title OFFICER
Name SMITH, NORMAN D
Address 2912 NORTH E STEET
City-State-Zip: PENSACOLA FL 32301Title CHAIRMAN
Name ANDERSON, LARRY
Address 2912 NORTH E ST.
City-State-Zip: PENSACOLA FL 32501Title SECRETARY
Name HAMILTON, SHERI K.
Address 2912 NORTH E ST.
City-State-Zip: PENSACOLA FL 32501

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: DR. SHERRY A. WHITE**PRESIDENT/CEO****01/16/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date