

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 723850

**Entity Name:** BETA CENTER, INC.**Current Principal Place of Business:**4680 LAKE UNDERHILL ROAD  
ORLANDO, FL 32807**Current Mailing Address:**4680 LAKE UNDERHILL ROAD  
ORLANDO, FL 32807**FEI Number:** 23-7446558**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**F&L CORP.  
ONE INDEPENDENT DRIVE  
SUITE 1300  
JACKSONVILLE, FL 32202-5017 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 CHAIRMAN  
Name SIMMONDS, ROBERT  
Address VICE PRES. OF DOMESTIC TRAVEL  
OPERATIONS  
WALT DISNEY WORLD P.O. BOX  
10000  
City-State-Zip: LAKE BUENA VISTA FL 32830

Title TREASURER  
Name JACKSON, RENEE E. CPA  
Address CITY OF ORLANDO FAMILIES, PARKS  
AND RECREATION DEPT.  
400 S. ORANGE AVENUE  
City-State-Zip: ORLANDO FL 32802

Title PRESIDENT/CEO  
Name WETZLER, BARBARA E.  
Address BETA CENTER, INC.  
4680 LAKE UNDERHILL ROAD  
City-State-Zip: ORLANDO FL 32807

Title HUMAN RESOURCES COMM CHAIR  
Name REINER, SARAH P.L. ESQ.  
Address GRAYROBINSON, P.A.  
301 EAST PINE STREET SUITE 1400  
City-State-Zip: ORLANDO FL 32801

Title V-CHAIRMAN  
Name BLAKE, SHARON  
Address VP OF HUMAN RESOURCES &  
OFFICE SERVICES  
ENTERPRISE FLORIDA, INC. 800 N.  
MAGNOLIA AVE., SUITE 1100  
City-State-Zip: ORLANDO FL 32803

Title SECRETARY  
Name ZAIBACK, JULIE MPH  
Address ADVENTIST HEALTH SYSTEM  
900 HOPE WAY  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title FUND DEVELOPMENT COMM CHAIR  
Name DOTY SOLIK, MARY ESQ.  
Address DOTY SOLIK LAW  
121 S. ORANGE AVENUE SUITE 1500  
City-State-Zip: ORLANDO FL 32801

*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:** BARBARA E. WETZLER**INTERIM PRESIDENT/CEO 03/08/2016**

Electronic Signature of Signing Officer/Director Detail

Date