

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739178

Entity Name: CENTRAL FLORIDA FAMILY HEALTH CENTER, INC.**Current Principal Place of Business:**4930 E LAKE MARY BLVD
SANFORD, FL 32771**Current Mailing Address:**4930 E LAKE MARY BLVD
SANFORD, FL 32771 US**FEI Number:** 59-1741286**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STEWART, LATRICE
4930 E LAKE MARY BLVD
SANFORD, FL 32771 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:** LATRICE STEWART

01/22/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VICE CHAIRMAN
Name ANTHONY, FOSTER
Address 1309 RICHMOND GRAND AVE.
City-State-Zip: ORLANDO FL 32820

Title BOARD CHAIRMAN
Name PROVAN, EUGENE
Address 935 FALLBROOKE AVE.
City-State-Zip: DELTONA FL 32725

Title BOARD SECRETARY
Name LENZEN, DEBBIE
Address 17 LAURIANNE ROAD
City-State-Zip: DEBARY FL 32713

Title BOARD TREASURER
Name PAGANELLI, DENNY
Address 5095 SOUTHLAWN AVE
City-State-Zip: ORLANDO FL 32811

Title CEO
Name STEWART, LATRICE
Address 4930 E LAKE MARY BLVD
City-State-Zip: SANFORD FL 32771

Title CFO
Name NELSON, CALEB
Address 4930 E LAKE MARY BLVD
City-State-Zip: SANFORD FL 32771

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: CALEB J NELSON**CHIEF FINANCIAL
OFFICER**

01/22/2020

Electronic Signature of Signing Officer/Director Detail

Date