

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 15, 2020
Secretary of State
2214195420CC

Entity Name: THE CENTER FOR SPECIAL NEEDS TRUST ADMINISTRATION, INC.

Current Principal Place of Business:

4912 CREEKSIDE DRIVE
CLEARWATER, FL 33760

Current Mailing Address:

4912 CREEKSIDE DRIVE
CLEARWATER, FL 33760 US

FEI Number: 59-3705979

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STAUNTON, JOHN ESQ.
3000 GULF TO BAY BLVD
STE 102
CLEARWATER, FL 33759 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 PS, DIRECTOR
Name BELISLE, TODD
Address 4912 CREEKSIDE DRIVE
City-State-Zip: CLEARWATER FL 33760

Title DIRECTOR
Name SHONTER, RICHARD
Address 4912 CREEKSIDE DRIVE
City-State-Zip: CLEARWATER FL 33760

Title CFO, DIRECTOR
Name GREGORY, TRACEY
Address 4912 CREEKSIDE DRIVE
City-State-Zip: CLEARWATER FL 33760

Title VP, D
Name JANICKI, CAITLIN
Address 4912 CREEKSIDE DRIVE
City-State-Zip: CLEARWATER FL 33760

Title SECRETARY, TREASURER,
DIRECTOR
Name DIEBERT, MICHELLE
Address 4912 CREEKSIDE DRIVE
City-State-Zip: CLEARWATER FL 33760

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: TODD J. BELISLE

PRESIDENT

01/15/2020

Electronic Signature of Signing Officer/Director Detail

Date