

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006402

Entity Name: BOYS TOWN CENTRAL FLORIDA, INC.

Current Principal Place of Business:

975 OKLAHOMA STREET
OVIDO, FL 32765

Current Mailing Address:

975 OKLAHOMA STREET
OVIDO, FL 32765

FEI Number: 20-0654235

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 TREASURER OF BOYS TOWN
Name RASMUSSEN, JUDY F.
Address 14100 CRAWFORD STREET
City-State-Zip: BOYS TOWN NE 68010

Title CHAIR-ELECT
Name BODDIFORD, JEFFREY
Address 975 OKLAHOMA STREET
City-State-Zip: OVIDO FL 32765

Title DIRECTOR
Name ANDERSON, VICTORIA
Address 975 OKLAHOMA STREET
City-State-Zip: OVIDO FL 32765

Title CHAIR
Name COLEMAN, DALE
Address 975 OKLAHOMA STREET
City-State-Zip: OVIDO FL 32765

Title DIRECTOR
Name KITTLE, BRIAN
Address 975 OKLAHOMA STREET
City-State-Zip: OVIDO FL 32765

Title DIRECTOR
Name BAUMGARTNER, STEPHANIE
Address 975 OKLAHOMA STREET
City-State-Zip: OVIDO FL 32765

Title SECRETARY
Name COOPER, DAVID
Address 975 OKLAHOMA STREET
City-State-Zip: OVIDO FL 32765

Title ASSISTANT SECRETARY
Name BECKMANN, JAMES
Address 14100 CRAWFORD STREET
City-State-Zip: BOYS TOWN NE 68010

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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: JUDY F RASMUSSEN

**TREASURER OF BOYS
TOWN**

03/29/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name KELLY, PATRICK
Address 975 OKLAHOMA STREET
City-State-Zip: OVIEDO FL 32765

Title PRESIDENT, EXECUTIVE DIRECTOR
Name STERN, LAURIE
Address 975 OKLAHOMA STREET
City-State-Zip: OVIEDO FL 32765

Title DIRECTOR
Name FARROW, KERRY-ANN
Address 975 OKLAHOMA STREET
City-State-Zip: OVIEDO FL 32765

Title DIRECTOR
Name DUNN, JANELLE
Address 975 OKLAHOMA STREET
City-State-Zip: OVIEDO FL 32765

Title DIRECTOR
Name BOUFFARD, RICK
Address 975 OKLAHOMA STREET
City-State-Zip: OVIEDO FL 32765

Title DIRECTOR
Name CIUZYNSKI, JESSICA
Address 975 OKLAHOMA STREET
City-State-Zip: OVIEDO FL 32765

Title DIRECTOR
Name WEATHERS, JERRI
Address 975 OKLAHOMA STREET
City-State-Zip: OVIEDO FL 32765

Title DIRECTOR
Name BROWNE-JAMES, LETITIA DR.
Address 975 OKLAHOMA STREET
City-State-Zip: OVIEDO FL 32765