

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006402

FILED
Apr 02, 2018
Secretary of State
CC1722123232

Entity Name: BOYS TOWN CENTRAL FLORIDA, INC.

Current Principal Place of Business:

975 OKLAHOMA STREET
OVIEDO, FL 32765

Current Mailing Address:

975 OKLAHOMA STREET
OVIEDO, 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 CEO
Name ZBYLUT, GREG
Address 975 OKLAHOMA STREET
City-State-Zip: OVIEDO FL 32765

Title CFO
Name CATHERINE, MELENDEZ
Address 975 OKLAHOMA STREET
City-State-Zip: OVIEDO FL 32765

Title EX-OFFICIO, DIRECTOR
Name BOES, STEVEN
Address 14100 CRAWFORD STREET
City-State-Zip: BOYS TOWN NE 68010

Title DIRECTOR
Name BRITTON, KEITH
Address 400 ALEXANDRIA BLVD.
City-State-Zip: OVIEDO FL 32765

Title DIRECTOR
Name HOLLAND, GLORIA
Address 209 TIMACUAN OAKS CT
City-State-Zip: LK MARY FL 32746

Title CFO, FATHER FLANAGAN'S BOY'S HOME
Name RASMUSSEN, JUDY F.
Address 14100 CRAWFORD STREET
City-State-Zip: BOYS TOWN NE 68010

Title DIRECTOR
Name GORDON, MARCI
Address 313 S. CENTRAL AVE.
City-State-Zip: OVIEDO FL 32765

Title SECRETARY
Name CANOVA, KELLY
Address 2560 WESTMINISTER TERRACE
City-State-Zip: OVIEDO FL 32765

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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

CFO

04/02/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VICE CHAIR
Name MIRELES, ALFONSO DR.
Address 521 W. SR 434
SUITE 101
City-State-Zip: LONGWOOD FL 32750

Title DIRECTOR
Name MOLETTEIRE, PAUL
Address 400 W. CHURCH STREET
STE. 250
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name ANDERSON, VICTORIA
Address 1214 E. LIVINGSTON ST.
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR
Name COLEMAN, DALE
Address CITY OF OVIEDO, POLICE CHIEF
400 ALEXANDRIA BLVD.
City-State-Zip: OVIEDO FL 32765

Title DIRECTOR
Name GODDARD, PAUL MATTHEW
Address 1955 W SR 426
City-State-Zip: OVIEDO FL 32765

Title CHAIRMAN
Name VARGO, TERRY
Address 156 GENEVA DRIVE
City-State-Zip: OVIEDO FL 32765

Title DIRECTOR
Name NIKOLAOU, NIKO
Address 2550 CITRUS TOWER BLVD.
City-State-Zip: CLERMONT FL 34711

Title DIRECTOR
Name KITTLE, BRIAN
Address 5337 MILLENIA LAKES BLVD.
City-State-Zip: ORLANDO FL 32839