

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006402

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

Title CFO
Name CATHERINE, MELENDEZ MSA
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 CFO OF BOYS TOWN
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 VICE CHAIR
Name MIRELES, ALFONSO DR.
Address 521 W. SR 434
SUITE 101
City-State-Zip: LONGWOOD FL 32750

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

Continues on page 2

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 OF BOYS TOWN

04/16/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title SECRETARY
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 BAUMGARTNER, STEPHANIE
Address 415 GOLD MEDAL COURT
City-State-Zip: LONGWOOD FL 32750

Title DIRECTOR
Name LUCAS, DUSTIN
Address 2155 W CHAPMAN RD.
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

Title DIRECTOR
Name MOORE, NICK
Address 255 S ORANGE AVE.
STE. 745
City-State-Zip: ORLANDO FL 32801