

**2016 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 DIRECTOR  
Name BROWN, RICK  
Address 211 NANDINA TERRACE  
City-State-Zip: WINTER SPRINGS FL 32708

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 ASST. SECRETARY  
Name LAPUMA, VICTOR F  
Address 14100 CRAWFORD STREET  
City-State-Zip: BOYS TOWN NE 68010

Title DIRECTOR  
Name PALERMO, LAURA  
Address 1815 COURTLAND STREET  
City-State-Zip: ORLANDO FL 32804

Title CHAIRMAN  
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

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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**CHIEF FINANCIAL  
OFFICER**

03/15/2016

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title CFO, FATHER FLANAGAN'S BOY'S HOME  
Name RASMUSSEN, JUDY F.  
Address 14086 MOTHER TERESA LANE  
City-State-Zip: BOYS TOWN NE 68010

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

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

Title DIRECTOR  
Name GODDARD, PAUL MATTHEW  
Address 140 ALEXANDRIA BLVD.,  
SUITE E  
City-State-Zip: OVIEDO FL 32765

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

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

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

Title DIRECTOR  
Name CHUDNOW, JEFFREY  
Address 300 ALEXANDRIA BLVD.  
City-State-Zip: OVIEDO FL 32766

Title DIRECTOR  
Name KERNEK, LEE  
Address UNIVERSITY OF CENTRAL FLORIDA  
P.O. BOX 163630  
City-State-Zip: ORLANDO FL 32816

Title DIRECTOR  
Name HOLLAND, MIKE  
Address 209 TIMACUAN OAKS CR.  
City-State-Zip: LK MARY FL 32746

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