2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010249

Entity Name: WINDERMERE CHARITIES CENTRAL FLORIDA, INC.

FILED
Mar 09, 2016
Secretary of State
CC9252909030

Current Principal Place of Business:

1748 LAKE ROBERTS COURT WINDERMERE. FL 34786

Current Mailing Address:

1748 LAKE ROBERTS COURT WINDERMERE, FL 34786

FEI Number: 14-1908881 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHOUFANI, JAAFAR ESQ. ALLEN DYER ET AL 255 S. ORANGE AVENUE - STE. 1401 ORLANDO, FL 32801 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 VC Title C

NameLEVIN, KATHLEEN MRS.NameGUSTAFSON, JOSEPHAddress1748 LAKE ROBERTS CT.Address3699 CORSICA LANECity-State-Zip:WINDERMERE FL 34786City-State-Zip:CLERMONT FL 34711

Title D Title I

Name O'CONNOR, TIM Name CRABTREE, ANDY

Address 11525 MATTIODAD ROAD Address 20 SOUTH MAIN STREET

City-State-Zip: GROVELAND FL 34736 City-State-Zip: WINTER GARDEN FL 34787

Title D Title D

Name MCCUSKLER, KRISTIN Name ALLISON, JUDY

Address 350 SOUTH OSCEOLA AVENUE - APT. Address 2620 BLACKLAKE BLVD

⁵ City-State-Zip: WINTER GARDEN FL 34787

City-State-Zip: ORLANDO FL 32801

Title CFO

Name BONNER, VINCENT

Address 20144 VALHALLA SQUARE

City-State-Zip: ASHBURN VA 20147

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: VINCENT A BONNER CFO

Electronic Signature of Signing Officer/Director Detail

03/09/2016 Date