

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04792

Entity Name: CARON OF FLORIDA, INC.**Current Principal Place of Business:**7789 NW BEACON SQUARE BLVD
BOCA RATON, FL 33487**Current Mailing Address:**PO BOX 150
WERNERSVILLE, PA 19565 US**FEI Number:** 59-2500657**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**TIEMAN, DOUGLAS
7789 NW BEACON SQUARE BLVD
BOCA RATON, FL 33487 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 D
Name DEALY, EDWIN M.
Address 15659 CARRIE DALE LANE
City-State-Zip: FT. MYERS FL 33912

Title D
Name DUFFY, CASEY
Address 2 COUNTRY LANE
City-State-Zip: MALVERN PA 19355

Title D
Name MCGLINN, MICHAEL J.
Address 850 N. WYOMISSING BOULEVARD
City-State-Zip: WYOMISSING PA 19610

Title PRESIDENT
Name TIEMAN, DOUGLAS
Address P.O. BOX 150
City-State-Zip: WERNERSVILLE PA 19565

Title D
Name ZINTAK III, BENJAMIN
Address 1104 THRUSH ROAD
City-State-Zip: WYOMISSING PA 19610

Title TREASURER
Name SHAAK, REBECCA
Address PO BOX 150
City-State-Zip: WERNERSVILLE PA 19565

Title SECRETARY
Name SAVARESE, JENNIFER
Address PO BOX 150
City-State-Zip: WERNERSVILLE PA 19565

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: REBECCA SHAAK**TREASURER****01/08/2015**

Electronic Signature of Signing Officer/Director Detail

Date