

**2021 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N04792

**Entity Name:** CARON OF FLORIDA, INC.**Current Principal Place of Business:**7789 NW BEACON SQUARE BLVD  
#101  
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:**PARFITT, WILLIAM P  
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:** WILLIAM P. PARFITT

10/01/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title TREASURER  
Name PARFITT, WILLIAM  
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

Title CHAIRMAN  
Name WALL, STEVEN R ESQ.  
Address PO BOX 150  
City-State-Zip: WERNERSVILLE PA 19565

Title DIRECTOR  
Name ARROW, ALLEN H ESQ.  
Address PO BOX 150  
City-State-Zip: WERNERSVILLE PA 19565

Title DIRECTOR  
Name CALICCHIO, DENISE LEFRAK  
Address PO BOX 150  
City-State-Zip: WERNERSVILLE PA 19565

**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:** WILLIAM P. PARFITT

VP

10/01/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name DEALY, EDWIN M  
Address PO BOX 150  
City-State-Zip: WERNERSVILLE PA 19565

Title DIRECTOR  
Name EANET, BRUCE  
Address PO BOX 150  
City-State-Zip: WERNERSVILLE PA 19565

Title DIRECTOR  
Name FLYNN, THOMAS DR.  
Address PO BOX 150  
City-State-Zip: WERNERSVILLE PA 19565

Title DIRECTOR  
Name FITZSIMONS, JOHN P  
Address PO BOX 150  
City-State-Zip: WERNERSVILLE PA 19565

Title DIRECTOR  
Name HELM, ANGEL  
Address PO BOX 150  
City-State-Zip: WERNERSVILLE PA 19565

Title DIRECTOR  
Name MOFFATT, J CURTIS ESQ.  
Address PO BOX 150  
City-State-Zip: WERNERSVILLE PA 19565

Title DIRECTOR  
Name THORNTON, WILLIAM P JR.  
Address PO BOX 150  
City-State-Zip: WERNERSVILLE PA 19565

Title DIRECTOR  
Name HUYETT, DAN  
Address PO BOX 150  
City-State-Zip: WERNERSVILLE PA 19565

Title DIRECTOR  
Name DENBY, LINDA CARON  
Address PO BOX 150  
City-State-Zip: WERNERSVILLE PA 19565

Title DIRECTOR  
Name ESSER, STEPHEN J  
Address PO BOX 150  
City-State-Zip: WERNERSVILLE PA 19565

Title DIRECTOR  
Name FITZSIMONS, BETH  
Address PO BOX 150  
City-State-Zip: WERNERSVILLE PA 19565

Title DIRECTOR  
Name GREENE, COLLEEN  
Address PO BOX 150  
City-State-Zip: WERNERSVILLE PA 19565

Title DIRECTOR  
Name KANE, STEPHEN J  
Address PO BOX 150  
City-State-Zip: WERNERSVILLE PA 19565

Title DIRECTOR  
Name SKIBBIE, MARK  
Address PO BOX 150  
City-State-Zip: WERNERSVILLE PA 19565

Title DIRECTOR  
Name WILLIAMS, THOMAS  
Address PO BOX 150  
City-State-Zip: WERNERSVILLE PA 19565

Title DIRECTOR  
Name MAGUIRE, CHRIS  
Address PO BOX 150  
City-State-Zip: WERNERSVILLE PA 19565