

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000011214

**Entity Name:** ADVENTIST CARE CENTERS - COURTLAND, INC.

**Current Principal Place of Business:**

730 COURTLAND STREET  
ORLANDO, FL 32804

**Current Mailing Address:**

730 COURTLAND STREET  
ORLANDO, FL 32804 US

**FEI Number:** 20-5774723

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BROMME, JEFF  
900 HOPE WAY  
ALTAMONTE SPRINGS, FL 32714 US

**FILED**  
**Apr 29, 2024**  
**Secretary of State**  
**0510007403CC**

*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 ASSISTANT SECRETARY  
Name RATHBUN, PAUL  
Address 900 HOPE WAY  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title ASSISTANT SECRETARY  
Name RODMAN, DAVID  
Address 485 N. KELLER ROAD  
SUITE 250  
City-State-Zip: MAITLAND FL 32751

Title ASST. SECRETARY  
Name ADDISCOTT, LYNN  
Address 900 HOPE WAY  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title ASST. SECRETARY  
Name SAUNDERS, MICHAEL  
Address 900 HOPE WAY  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title ASSITANT SECRETARY  
Name GRAFF, JEFFREY  
Address 900 HOPE WAY  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR  
Name BEAULIEU, TIMOTHY  
Address 10605 BOCA POINTE DRIVE  
City-State-Zip: ORLANDO FL 32836

Title DIRECTOR  
Name THOMPSON, MICHAEL  
Address 550 E. ROLLINS STREET  
City-State-Zip: ORLANDO FL 32803

Title ASSISTANT SECRETARY  
Name HINDS, NIGEL  
Address 485 N. KELLER ROAD  
SUITE 250  
City-State-Zip: MAITLAND FL 32751

**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:** LYNN ADDISCOTT

**ASSISTANT SECRETARY 04/29/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR, ASSISTANT SECRETARY  
Name PETTIJOHN, KELLY  
Address 900 HOPE WAY  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title PRESIDENT, DIRECTOR, ASSISTANT SECRETARY  
Name BOYCE, KEITH  
Address 485 N. KELLER ROAD SUITE 250  
City-State-Zip: MAITLAND FL 32751

Title CHAIRMAN, DIRECTOR  
Name STILTZ, BRYAN  
Address 900 HOPE WAY  
City-State-Zip: ALTAMNTE SPRINGS FL 32751

Title ASSISTANT SECRETARY  
Name VINCENT, HANEY  
Address 900 HOPE WAY  
City-State-Zip: ALTAMONTE SPRINGS FL 32751

Title DIRECTOR  
Name YOUNG, ANITA  
Address 485 N. KELLER ROAD SUITE 250  
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR  
Name MCDONALD, RAYMOND ANDREW  
Address 485 N. KELLER ROAD SUITE 250 SUITE 250  
City-State-Zip: MAITLAND FL 32751

Title ASSISTANT SECRETARY  
Name HUFFMAN, DAVID  
Address 900 HOPE WAY  
City-State-Zip: ALTAMONTE SPRINGS FL 32751