#### 2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06529

Entity Name: FLORIDA SENIOR LIVING INSTITUTE, INC.

Mar 24, 2022 Secretary of State 1580657510CC

**FILED** 

# **Current Principal Place of Business:**

2292 WEDNESDAY STREET

SUITE 1

TALLAHASSEE, FL 32308

### **Current Mailing Address:**

2292 WEDNESDAY STREET

SUITE 1

TALLAHASSEE, FL 32308 US

FEI Number: 59-2522623 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

MATILLO, GAIL CEO 2292 WEDNESDAY STREET

SUITE 1

TALLAHASSEE, FL 32308 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: GAIL MATILLO 03/24/2022

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRESIDENT Title DIRECTOR

Name MATILLO, GAIL Name NEASE, MARIAN

Address 2292 WEDNESDAY STREET Address 2292 WEDNESDAY STREET, STE.1

SUITE 1

City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR

Name PATCHETT, MARY SUE Name SKIRVIN, MELINDA

Address 2292 WEDNESDAY STREET, STE.1

Address 2292 WEDNESDAY STREET, STE.1

City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR

Title DIRECTOR Name THOMAS, JASON Name ESDEN, SHELLEY

Address 2292 WEDNESDAY STREET, STE.1

City-State-Zip: TALLAHASSEE FL 32308

City-State-Zip: TALLAHASSEE FL 32308
Title DIRECTOR

Title DIRECTOR Name CALLAHAN, CHRIS

Name JEDLOWSKI, JOE Address 2292 WEDNESDAY STREET, STE.1

Address 2292 WEDNESDAY STREET, STE.1

City-State-Zip: TALLAHASSEE FL 32308

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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: JASON M HAND VICE PRESIDENT 03/24/2022

## Officer/Director Detail Continued:

Title VP

Name HAND, JASON M

Address 2292 WEDNESDAY STREET, STE.1

City-State-Zip: TALLAHASSEE FL 32308