

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010096

Entity Name: GIFT OF LIFE CENTRAL FLORIDA, INC.**Current Principal Place of Business:**550 DEVONSHIRE BLVD
LONGWOOD , FL 32750**Current Mailing Address:**550 DEVONSHIRE BLVD
LONGWOOD , FL 32750 US**FEI Number:** 61-1543316**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KURIR , DENNY
550 DEVONSHIRE BLVD
LONGWOOD , FL 32750 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:** DENNY KURIR

01/05/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name LABOSCO, SONYA
Address 10741 TYSON DR
City-State-Zip: ORLANDO FL 32832

Title SECRETARY
Name MARSCH , SADIA J
Address 6618 THE LANDINGS DR
City-State-Zip: BELLE ISLE FL 32812

Title PRESIDENT
Name KURIR, DENNY
Address 550 DEVONSHIRE BLVD
City-State-Zip: LONGWOOD FL 32750

Title DIRECTOR
Name SACHA, THOMAS
Address 304 WING LANE
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR
Name HUFFMAN, GEORGE
Address 1831 SANTA MARIA PLACE
City-State-Zip: ORLANDO FL 32806

Title DIRECTOR
Name BROWN, ART
Address 5338 FOXSHIRE COURT
City-State-Zip: ORLANDO FL 32819

Title DIRECTOR
Name UNGARO, RICHARD
Address 5413 SHINGLE CREEK DRIVE
City-State-Zip: ORLANDO FL 32821

Title DIRECTOR
Name TAGART, JOHN DR.
Address 2525 OAK ISLAND POINT
City-State-Zip: ORLANDO FL 32809

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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: SADIA J MARSCH**SECRETARY**

01/05/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	SHAHER, ALAN
Address	1376 AUGUSTA NATIONAL BLVD
City-State-Zip:	WINTER SPRINGS FL 32708