

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000007424

**Entity Name:** ACE MENTOR PROGRAM OF CENTRAL FLORIDA INC.

**Current Principal Place of Business:**

130 CANDACE DRIVE  
MAITLAND, FL 32751

**Current Mailing Address:**

130 CANDACE DRIVE  
MAITLAND, FL 32751

**FEI Number:** 38-3788569

**Certificate of Status Desired:** No

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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 PD  
Name KOLBJORSEN, TRAVIS  
Address 3403 VISTA BLVD  
City-State-Zip: LAKE BUENA VISTA FL 32830

Title TD  
Name LANEY, ANDREW G  
Address 315 EAST ROBINSON STREET  
#350  
City-State-Zip: ORLANDO FL 32803

Title SD  
Name PEARSON, STEPHEN  
Address 130 CANDACE DRIVE  
City-State-Zip: MAITLAND FL 32751  
  
Title VP, DIRECTOR  
Name ARTHUR, MO  
Address 200 EAST ROBINSON STREET  
300  
City-State-Zip: ORLANDO FL 32801

*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:** ANDREW LANEY

**TREASURER**

**01/20/2017**

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

\_\_\_\_\_  
Date