

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000010963

Entity Name: CENTRAL FLORIDA PEDIATRIC THERAPY FOUNDATION, INC.**FILED**
Jan 13, 2022
Secretary of State
8407666636CC**Current Principal Place of Business:**2400 S HIGHWAY 27
SUITE B201
CLERMONT, FL 34711**Current Mailing Address:**PO BOX 120547
CLERMONT, FL 34712**FEI Number: 27-1429422****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GOMES, AMY J
2400 S HIGHWAY 27
SUITE B201
CLERMONT, FL 34711 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	PRESIDENT OF THE BOARD
Name	GOMES, AMY J
Address	2400 S HIGHWAY 27 SUITE B201
City-State-Zip:	CLERMONT FL 34711

Title	SECRETARY OF THE BOARD
Name	FRENCH, KELLY
Address	2400 S HIGHWAY 27 SUITE B201
City-State-Zip:	CLERMONT FL 34711

Title	TREASURER OF THE BOARD
Name	MARKLAND, MICHAEL
Address	2400 S HIGHWAY 27 SUITE B201
City-State-Zip:	CLERMONT FL 34711

Title	ADVISOR TO THE BOARD
Name	SHORT, KACIE
Address	2400 S HIGHWAY 27 SUITE B201
City-State-Zip:	CLERMONT FL 34711

Title	VICE PRESIDENT OF THE BOARD
Name	SAUNDERS, SUSAN
Address	2400 S HIGHWAY 27 SUITE B201
City-State-Zip:	CLERMONT FL 34711

Title	BOARD MEMBER
Name	STANLEY-BROWN, ODETTE
Address	2400 S HIGHWAY 27 SUITE B201
City-State-Zip:	CLERMONT FL 34711

Title	BOARD MEMBER
Name	CALLOWAY, KRISTY
Address	2400 S HIGHWAY 27 SUITE B201
City-State-Zip:	CLERMONT FL 34711

Title	BOARD MEMBER
Name	HAASE, BRUCE
Address	2400 S HIGHWAY 27 SUITE B201
City-State-Zip:	CLERMONT FL 34711

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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: AMY J GOMES**PRESIDENT OF THE
BOARD****01/13/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title ADVISOR TO THE BOARD
Name PHARES, RENEE
Address 2400 S HIGHWAY 27
SUITE B201
City-State-Zip: CLERMONT FL 34711

Title BOARD MEMBER
Name STEPHENS, TRACY
Address 2400 S HIGHWAY 27
SUITE B201
City-State-Zip: CLERMONT FL 34711

Title BOARD MEMBER
Name PETTY, BETH
Address 2400 S HIGHWAY 27
SUITE B201
City-State-Zip: CLERMONT FL 34711

Title BOARD MEMBER
Name NETHERO, AMANDA
Address 2400 S HIGHWAY 27
SUITE B201
City-State-Zip: CLERMONT FL 34711

Title BOARD MEMBER
Name SCHMITT, SHANNON
Address 2400 S HIGHWAY 27
SUITE B201
City-State-Zip: CLERMONT FL 34711

Title BOARD MEMBER
Name KLOSTERMAN, SARAH
Address 2400 S HIGHWAY 27
SUITE B201
City-State-Zip: CLERMONT FL 34711

Title BOARD MEMBER
Name SMITH, MARLA
Address 2400 S HIGHWAY 27
SUITE B201
City-State-Zip: CLERMONT FL 34711

Title BOARD MEMBER
Name LATHAM, CARISSA
Address 2400 S HIGHWAY 27
SUITE B201
City-State-Zip: CLERMONT FL 34711