

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000010963

Entity Name: CENTRAL FLORIDA PEDIATRIC THERAPY FOUNDATION, INC.**FILED**
Mar 29, 2016
Secretary of State
CC2970884615**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	D
Name	GOMES, AMY J
Address	2400 S HIGHWAY 27 SUITE B201
City-State-Zip:	CLERMONT FL 34711

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

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

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

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

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

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

Title	BOARD MEMBER
Name	PHARES, RAY
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**EXECUTIVE DIRECTOR
OF BOARD****03/29/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

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

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

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

Title BOARD MEMBER
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 FULMORE, STACEY
Address 2400 S HIGHWAY 27
SUITE B201
City-State-Zip: CLERMONT FL 34711

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

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

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