

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N1000000129

Entity Name: ZEBRA COALITION, INC.

Current Principal Place of Business:

911 N MILLS AVENUE
ORLANDO, FL 32803

Current Mailing Address:

911 N MILLS AVENUE
ORLANDO, FL 32803 US

FEI Number: 27-1645847

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MICHELE HOLDEN, ASSISTANT SECRETARY

01/15/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name VOSS, JEFFERSON R
Address 911 N MILLS AVENUE
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR, VP
Name WEST, BRYCE L
Address 911 N MILLS AVENUE
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR
Name LARUE, DIANA
Address 911 N MILLS AVENUE
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR, PRESIDENT
Name RAMSIER, JILL
Address 911 N MILLS AVENUE
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR, TREASURER,
SECRETARY
Name MCCULLION, CHRIS
Address 911 N MILLS AVENUE
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR
Name SNYDER, ANDREW
Address 911 N MILLS AVENUE
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR
Name CADILLA, ADRIANA DR.
Address 911 N MILLS AVENUE
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR
Name VICKERY, JOSHUA
Address 911 N MILLS AVENUE
City-State-Zip: ORLANDO FL 32803

Continues on page 2

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 DOLL

BUSINESS DIRECTOR

01/15/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name KIRST, SKIP
Address 911 N MILLS AVENUE
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR
Name QUIROGA, TATIANA
Address 911 N MILLS AVENUE
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR
Name SMEDLEY, BOB
Address 911 N MILLS AVENUE
City-State-Zip: ORLANDO FL 32803

Title OTHER
Name DOLL, JASON
Address 911 N MILLS AVENUE
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR
Name CULHAM, LISA
Address 911 N MILLS AVENUE
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR
Name WRAY, EMILY
Address 911 N MILLS AVENUE
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR
Name ARNSPERGER, HEATH
Address 911 N MILLS AVENUE
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR
Name TOAL, PHILIP DR.
Address 911 N MILLS AVENUE
City-State-Zip: ORLANDO FL 32803