2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N1000000129

Entity Name: ZEBRA FOUNDATION FOR YOUTH, 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

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

Electronic Signature of Registered Agent

Officer/Director Detail :

Oncer/Director Detail.					
Title	DP	Title	DV		
Name	VOSS, JEFFERSON R	Name	WEST, BRYCE L		
Address	911 N MILLS AVENUE	Address	911 N MILLS AVENUE		
City-State-Zip:	ORLANDO FL 32803	City-State-Zip:	ORLANDO FL 32803		
Title	DVT	Title	DS		
Name	BRYAN, PAUL F	Name	LARUE, DIANA		
Address	911 N MILLS AVENUE	Address	911 N MILLS AVENUE		
City-State-Zip:	ORLANDO FL 32803	City-State-Zip:	ORLANDO FL 32803		
Title	D	Title	D		
Name	STEVENS, BRYAN W	Name	DICKMAN, ERIC		
Address	911 N MILLS AVENUE	Address	911 N MILLS AVENUE		
City-State-Zip:	ORLANDO FL 32803	City-State-Zip:	ORLANDO FL 32803		
Title	DIRECTOR, CHAIRMAN	Title	DIRECTOR		
Name	BOWMAN, SCOTT	Name	BROWN, KEN		
Address	911 N MILLS AVENUE	Address	911 N MILLS AVENUE		
City-State-Zip:		City-State-Zip:	ORLANDO FL 32803		

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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: JEFFERSON R. VOSS

PRESIDENT

04/21/2015

Electronic Signature of Signing Officer/Director Detail

04/21/2015 Date

FILED Apr 21, 2015 Secretary of State CC6424324821

Certificate of Status Desired: No

Officer/Director Detail Continued :

Title	DIRECTOR	Title	DIRECTOR
Name	HANKEY, BABETTE	Name	LAFERTE, SCOT
Address	911 N MILLS AVENUE	Address	911 N MILLS AVENUE
City-State-Zip:	ORLANDO FL 32803	City-State-Zip:	ORLANDO FL 32803
Title	DIRECTOR, TREASURER	Title	DIRECTOR
Name	SUGGS, STEPHANIE	Name	RAMSIER, JILL
Address	911 N MILLS AVENUE	Address	911 N MILLS AVENUE
City-State-Zip:	ORLANDO FL 32803	City-State-Zip:	ORLANDO FL 32803
Title	DIRECTOR	Title	DIRECTOR
Name	RULLAN, MIGUEL	Name	ALLEN, STEPHANIE
Address	911 N MILLS AVENUE	Address	911 N MILLS AVENUE
City-State-Zip:	ORLANDO FL 32803	City-State-Zip:	ORLANDO FL 32803