

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

**May 03, 2019**

**Secretary of State  
9690147964CC**

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**

**05/03/2019**

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 BRYAN, PAUL F  
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

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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: JASON DOLL**

**BUSINESS DIRECTOR**

**05/03/2019**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name VICKERY, JOSHUA  
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 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