

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N1000000129

FILED
Apr 28, 2014
Secretary of State
CC8253886267

Entity Name: ZEBRA FOUNDATION FOR YOUTH, INC.

Current Principal Place of Business:

115 EAST MARKS STREET
ORLANDO, FL 32803

Current Mailing Address:

9350 CONROY WINDERMERE DRIVE
WINDERMERE, FL 34786

FEI Number: 27-1645847

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, 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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title DP
Name VOSS, JEFFERSON R
Address P. O. BOX 305
City-State-Zip: OAKLAND FL 34760

Title DV
Name WEST, BRYCE L
Address P. O. BOX 1513
City-State-Zip: WINDERMERE FL 34786

Title DVT
Name BRYAN, PAUL F
Address P. O. BOX 1513
City-State-Zip: WINDERMERE FL 34786

Title DS
Name LARUE, DIANA
Address P. O. BOX 1513
City-State-Zip: WINDERMERE FL 34786

Title D
Name STEVENS, BRYAN W
Address P. O. BOX 305
City-State-Zip: OAKLAND FL 34760

Title D
Name DICKMAN, ERIC
Address P. O. BOX 1513
City-State-Zip: WINDERMERE FL 34786

Title DIRECTOR, CHAIRMAN
Name BOWMAN, SCOTT
Address P. O. BOX 1513
City-State-Zip: WINDERMERE FL 34786

Title DIRECTOR
Name BROWN, KEN
Address P. O. BOX 1513
City-State-Zip: WINDERMERE FL 34786

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: JEFFERSON R. VOSS

PRESIDENT

04/28/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HANKEY, BABETTE
Address P. O. BOX 1513
City-State-Zip: WINDERMERE FL 34786

Title DIRECTOR, TREASURER
Name SUGGS, STEPHANIE
Address P. O. BOX 1513
City-State-Zip: WINDERMERE FL 34786

Title DIRECTOR
Name ALLEN, STEPHANIE
Address P. O. BOX 1513
City-State-Zip: WINDERMERE FL 34786

Title DIRECTOR
Name LAFERTE, SCOT
Address P. O. BOX 1513
City-State-Zip: WINDERMERE FL 34786

Title DIRECTOR
Name RAMSIER, JILL
Address P. O. BOX 1513
City-State-Zip: WINDERMERE FL 34786