2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2020
Secretary of State
6503334481CC

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Entity Name: THE ARBOR SCHOOL OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

3929 RED BUG LAKE RD
CASSELBERRY, FL 32707

Current Mailing Address:

3929 RED BUG LAKE RD
CASSELBERRY, FL 32707 US

FEI Number: 27-3092011

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COX BLAIR, WENDY A
3929 RED BUG LAKE RD
CASSELBERRY, FL 32707 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: WENDY COX BLAIR 01/03/2020

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	EXECUTIVE DIRECTOR
Name	COX BLAIR, WENDY
Address	5634 CATSKILL CT
City-State-Zip:	WINTER SPRINGS FL 32708

Title	DIRECTOR, BOARD CHAIR
Name	MAROULIS, NICK DR.
Address	3929 RED BUG LAKE RD
City-State-Zip:	CASSELBERRY FL 32707

Title	DIRECTOR, SECRETARY
Name	PEFFEN, MICHELLE
Address	3929 RED BUG LAKE RD
City-State-Zip:	CASSELBERRY FL 32707

Title	DIRECTOR/TREASURER
Name	POPCHOCK, RON
Address	3929 RED BUG LAKE RD
City-State-Zip:	CASSELBERRY FL 32707

Title	DIRECTOR
Name	CURSEY, ADDISON
Address	3929 RED BUG LAKE RD
City-State-Zip:	CASSELBERRY FL 32707

Title	DIRECTOR
Name	STAFFORD, ROBIE
Address	3929 RED BUG LAKE RD
City-State-Zip:	CASSELBERRY FL 32707

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: WENDY COX BLAIR EXECUTIVE DIRECTOR 01/03/2020

Electronic Signature of Signing Officer/Director Detail — Date