

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000006361

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

01/05/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

Title DIRECTOR
Name PEPPLER, TOM
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 BRUN, DANIELLE
Address 3929 RED BUG LAKE RD
City-State-Zip: CASSELBERRY FL 32707

Title PRESIDENT
Name GORMAN, WILLIAM
Address 3929 RED BUG LAKE RD
City-State-Zip: CASSELBERRY FL 32707

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

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: WENDY COX BLAIR

EXECUTIVE DIRECTOR

01/05/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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