

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000007021

Entity Name: EMBRACE FAMILIES, INC.**Current Principal Place of Business:**4001 PELEE STREET
ORLANDO, FL 32817**Current Mailing Address:**4001 PELEE STREET
ORLANDO, FL 32817 US**FEI Number:** 45-4292522**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**GLYNN, GERARD
4001 PELEE ST.
ORLANDO, FL 32817 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:** GLEN CASEL

04/01/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name NESWOLD, MICHAEL
Address 4001 PELEE STREET
City-State-Zip: ORLANDO FL 32817

Title CHAIRMAN
Name WENTWORTH, OWEN
Address 4001 PELEE STREET
City-State-Zip: ORLANDO FL 32817

Title DIRECTOR
Name SMITH, SHAWN
Address 4001 PELEE STREET
City-State-Zip: ORLANDO FL 32817

Title DIRECTOR
Name SMITH, JASON
Address 4001 PELEE S.
City-State-Zip: ORLANDO FL 32817

Title DIRECTOR
Name OLIVER, SUSIE
Address 4001 PELEE STREET
City-State-Zip: ORLANDO FL 32817

Title DIRECTOR
Name MEYER, SARA
Address 4001 PELEE STREET
City-State-Zip: ORLANDO FL 32817

Title DIRECTOR
Name JACKSON, MARK
Address 4001 PELEE STREET
City-State-Zip: ORLANDO FL 32817

Title DIRECTOR
Name CLARK, SHANNON
Address 4001 PELEE STREET
City-State-Zip: ORLANDO FL 32817

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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: CAROLE CARUSO**BOARD LIAISON**

04/01/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name AMICO, PETER
Address 4001 PELEE STREET
City-State-Zip: ORLANDO FL 32817

Title OTHER
Name CARUSO, CAROLE
Address 4001 PELEE STREET
City-State-Zip: ORLANDO FL 32817

Title COO
Name BRYANT, MICHAEL
Address 4001 PELEE STREET
City-State-Zip: ORLANDO FL 32817

Title DIRECTOR
Name DENAVE, CHRISTIE
Address 4001 PELEE STREET
City-State-Zip: ORLANDO FL 32817

Title DIRECTOR
Name SCHAFFNER, DEDE
Address 4001 PELEE STREET
City-State-Zip: ORLANDO FL 32817

Title DIRECTOR
Name MEYERS, LIEFKA
Address 4001 PELEE STREET
City-State-Zip: ORLANDO FL 32817

Title DIRECTOR
Name NESBIT, DIANE
Address 4001 PELEE STREET
City-State-Zip: ORLANDO FL 32817

Title CFO
Name MACINA, CATHERINE
Address 4001 PELEE STREET
City-State-Zip: ORLANDO FL 32817

Title PRESIDENT, CEO
Name CASEL, GLEN
Address 4001 PELEE STREET
City-State-Zip: ORLANDO FL 32817

Title DIRECTOR
Name LAY, KENNETH
Address 4001 PELEE STREET
City-State-Zip: ORLANDO FL 32817

Title DIRECTOR
Name FOLGER, ANGELA
Address 4001 PELEE STREET
City-State-Zip: ORLANDO FL 32817

Title DIRECTOR
Name NEWSTREET, JOHN
Address 4001 PELEE STREET
City-State-Zip: ORLANDO FL 32817

Title DIRECTOR
Name KESLER, CRAIG
Address 4001 PELEE STREET
City-State-Zip: ORLANDO FL 32817

Title DIRECTOR
Name PLAIR, PATRICIA
Address 4001 PELEE STREET
City-State-Zip: ORLANDO FL 32817