

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000009028

**Entity Name:** CHAPS CENTER, INC.

**Current Principal Place of Business:**

4952 S. SANFORD AVE  
SANFORD, FL 32773

**Current Mailing Address:**

4950 S. SANFORD AVE  
SANFORD, FL 32773 US

**FEI Number:** 46-0947827

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

GALLIHER, ANNE E  
4950 S. SANFORD AVE  
SANFORD, FL 32773 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 PD  
Name JOHNSON, LORI K  
Address 1404 CIRCLE LANE  
City-State-Zip: CHULUOTA FL 32766

Title FE  
Name BRITTON, KEITH  
Address 4952 S. SANFORD AVE  
City-State-Zip: SANFORD FL 32773

Title SD  
Name WINTERS, MICHELLA  
Address 390 WOODSIDE DR.  
UNIT 6  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title TD  
Name BECKER, DANIELA  
Address 1240 MERCEDES PLACE  
City-State-Zip: ORLANDO FL 32804

Title D  
Name GALLIHER, ANNE E  
Address 4950 S. SANFORD AVE  
City-State-Zip: SANFORD FL 32773

Title D  
Name FORTHUBER, JEANNIE  
Address 144 BRIDGEVIEW COURT  
City-State-Zip: LONGWOOD FL 32713

Title D  
Name LOMBARDI, LUCIA  
Address 11348 CARABELEEE CIRCLE  
City-State-Zip: ORLANDO FL 32825

*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:** LORI JOHNSON

PD

04/29/2015

Electronic Signature of Signing Officer/Director Detail

Date