

**2023 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:** No

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

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

Title DIRECTOR  
Name LECLAIR, CLAIRE  
Address 588 ORANGE DRIVE  
#127  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title DIRECTOR  
Name WILLIAMS, GIL  
Address 802 ORANGE PARK AVE  
City-State-Zip: LAKELAND FL 33801

Title SECRETARY  
Name WINTERS, MICHELLA M  
Address 198 EDGEWATER CIRCLE  
City-State-Zip: SANFORD FL 32773

*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:** ANNE GALLIHER

**PRESIDENT**

**03/13/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date