

2017 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 PRESIDENT, DIRECTOR
Name WINTERS, MICHELLA
Address 390 WOODSIDE DR.
UNIT 6
City-State-Zip: ALTAMONTE SPRINGS FL 32701

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 SECRETARY, DIRECTOR
Name JOHNSON, LORI K
Address 1404 CIRCLE LANE
City-State-Zip: CHULUOTA FL 32766

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

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

SECRETARY, DIRECTOR

03/16/2017

Electronic Signature of Signing Officer/Director Detail

Date