

**2014 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 P, PRESIDENT  
Name MERTIN, CHRISTINE  
Address 805 MUSAGO RUN  
City-State-Zip: LAKE MARY FL 32746

Title V, VP  
Name JOHNSON, LORI K  
Address 3200 TOWN & COUNTRY ROAD  
City-State-Zip: OVIEDO FL 32766

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

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

*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:** MARDI REIN

**PAST PRESIDENT**

**04/29/2014**

Electronic Signature of Signing Officer/Director Detail

Date