## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000009402

Entity Name: MENTAL HEALTH COUNSELORS OF CENTRAL FLORIDA, INC.

FILED
Apr 01, 2024
Secretary of State
9313997016CC

## **Current Principal Place of Business:**

1540 LAKE BALDWIN LANE SUITE B ORLANDO, FL 32814

## **Current Mailing Address:**

P.O. BOX 307

WINTER PARK, FL 32790

FEI Number: 35-2464997 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

BULTRON, GELISSA 535 VERSAILLES DR MAITLAND, FL 32751 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: GELISSA BULTRON 04/01/2024

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRESIDENT Title VP

Name BULTRON, GELISSA Name PRESHA, TAYLOR

Address P.O. BOX 307 Address P.O. BOX 307

City-State-Zip: WINTER PARK FL 32790 City-State-Zip: WINTER PARK FL 32790

Title TREASURER

Name BOKHART, JARROD

Address P.O. BOX 307

City-State-Zip: WINTER PARK FL 32790

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: GELISSA BULTRON

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

04/01/2024

Date