

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000002209

Entity Name: FLORIDACHARACTER.ORG, INC.**Current Principal Place of Business:**650 CLEVELAND STREET
STE 693
CLEARWATER, FL 33757**Current Mailing Address:**1226 MAGNOLIA DRIVE
CLEARWATER, FL 33756 US**FEI Number:** 47-2169680**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**FLORIDACHARACTER.ORG
1226 MAGNOLIA DRIVE
CLEARWATER, FL 33756-4214 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:** VALERIE GALLINA

04/01/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name ALMERICO, GINA PHD
Address 3111 W. SAN CARLOS ST.
City-State-Zip: TAMPA FL 33629

Title DIRECTOR
Name MANFRA, JAIME
Address 1109 BELCHER RD
City-State-Zip: PALM HARBOR FL 34683

Title PRESIDENT
Name GALLINA, VALERIE
Address 1226 MAGNOLIA DRIVE
City-State-Zip: CLEARWATER FL 33756-4214

Title DIRECTOR
Name DICKSON, VALERIE
Address 827 BIRDIE WAY
City-State-Zip: APOLLO BEACH FL 33572

Title DIRECTOR
Name MONETTE, LUCY
Address 3040 STATE ROAD 590
City-State-Zip: CLEARWATER FL 33759

Title SECRETARY
Name LUNIN, AUTUMN
Address 2250 EDELWEISS LOOP
City-State-Zip: TRINITY FL 34655

Title TREASURER
Name THURMAN, IRIS
Address 1211 TECH BLVD.
City-State-Zip: TAMPA FL 33619

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: VALERIE GALLINA

PRESIDENT

04/01/2019

Electronic Signature of Signing Officer/Director Detail

Date