

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N1500002209

Entity Name: FLORIDACHARACTER.ORG, INC.

Current Principal Place of Business:

1226 MAGNOLIA DRIVE
CLEARWATER, FL 33756

Current Mailing Address:

1226 MAGNOLIA DRIVE
CLEARWATER, FL 33756 US

FEI Number: 47-2169680

Certificate of Status Desired: No

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

01/25/2022

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

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

Title DIRECTOR
Name SARMIENTO-COHEN, JULIA
Address 901 EAST KENNEDY BOULEVARD
City-State-Zip: TAMPA FL 33602

Title DIRECTOR
Name TURKNETT, STACEY
Address 3691 LONGFELLOW RD
City-State-Zip: TALLAHASSEE, FL 32311

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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

01/25/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name ZIZIK, CATHERINE
Address 5 NEWMAN PL
City-State-Zip: EAST HANOVER NJ 07936