

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000010989

Entity Name: APHASIA COMMUNITY CENTER, INC.

Current Principal Place of Business:

1102 BEN FRANKLIN DR UNIT 511
SARASOTA, FL 34236

Current Mailing Address:

P.O. BOX 693
SARASOTA, FL 34230 US

FEI Number: 83-2356579

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

POLELLE, DONNA
1102 BEN FRANKLIN DR UNIT 511
SARASOTA, FL 34236 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 PD
Name POLELLE, DONNA
Address 1102 BEN FRANKLIN DR UNIT 511
City-State-Zip: SARASOTA FL 34236

Title DIRECTOR
Name CRISOSTOMO OKAWA, ARLENE
Address 2325 SONOMA DR W
City-State-Zip: NOKOMIS FL 34275

Title TD
Name BOYLE, ERIKA
Address 5899 OLD SUMMERWOOD BLVD
City-State-Zip: SARASOTA FL 34232

Title DIRECTOR
Name JACKSON, WANDA
Address 5880 RAND BLVD.
SUITE 215
City-State-Zip: SARASOTA FL 34237

Title DIRECTOR
Name REESE, REBECCA
Address 7805 SOUTH LEEWYNN DRIVE
City-State-Zip: SARASOTA FL 34240

Title SECRETARY, DIRECTOR
Name ROBBINS, LEANNA
Address 4291 PRAIRIE VIEW DR. S
City-State-Zip: SARASOTA FL 34232

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: DONNA POLELLE

PRESIDENT

03/14/2021

Electronic Signature of Signing Officer/Director Detail

Date