

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000011151

**Entity Name:** B.A.L.M. CENTER INC.

**Current Principal Place of Business:**

2875 SOUTH ORANGE AVE STE 500 #6389  
ORLANDO, FL 32806

**Current Mailing Address:**

3604 WESTLAND DRIVE  
ORLANDO, FL 32818 US

**FEI Number:** 85-3295061

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

VINCENT, CELEITHA  
2875 SOUTH ORANGE AVE STE 500 #6389  
ORLANDO, FL 32806 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  
Name VINCENT, CELEITHA  
Address 2875 SOUTH ORANGE AVE STE 500 #6389  
City-State-Zip: ORLANDO FL 32806

Title VP  
Name HOLTON, FREDRECIA CELENTA  
Address 2875 SOUTH ORANGE AVE STE 500 #6389  
City-State-Zip: ORLANDO FL 32806

Title SEC  
Name NOBLE, ZELMA  
Address 2875 SOUTH ORANGE AVE STE 500 #6389  
City-State-Zip: ORLANDO FL 32806

Title BOARD OF DIRECTOR  
Name ROBINSON, DAPHANE C  
Address 2875 SOUTH ORANGE AVE STE 500 #6389  
City-State-Zip: ORLANDO FL 32806

*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:** CELEITHA C VINCENT

**PRESIDENT**

**02/02/2024**

Electronic Signature of Signing Officer/Director Detail

Date