

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000003728

**Entity Name:** APF EDUCATIONAL, HEALING & LEARNING CENTER INC

**Current Principal Place of Business:**

1381 KASS CIRCLE  
SPRING HILL, FL 34606

**Current Mailing Address:**

1381 KASS CIRCLE  
SPRING HILL, FL 34606

**FEI Number: 86-3562103**

**Certificate of Status Desired: No**

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

OAKES, CYNTHIA  
5530 ALDERWOOD ST  
SPRING HILL, FL 34606 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 OAKES, CYNTHIA  
Address 5330 ALDERWOOD ST  
City-State-Zip: SPRING HILL FL 34606

Title VP  
Name RIVERA, BRITTANY L  
Address 5330 ALDERWOOD ST  
City-State-Zip: SPRING HILL FL 34606

Title T  
Name GENOVESE, KENT S  
Address 5330 ALDERWOOD ST  
City-State-Zip: SPRING HILL FL 34606

Title S  
Name FERNANDEZ, ROSEMARIE  
Address 5330 ALDERWOOD ST  
City-State-Zip: SPRING HILL FL 34606

*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: CYNTHIA OAKES**

**P**

**04/15/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date