

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N31232

**Entity Name:** PARTNERSHIP FOR PHILANTHROPIC PLANNING OF GREATER ORLANDO, INC.**FILED**  
**Feb 08, 2022**  
**Secretary of State**  
**3498786905CC****Current Principal Place of Business:**C/O BRADFORD B. GORNT0  
310 WILMETTE AVE. SUITE 5  
ORMOND BEACH, FL 32174**Current Mailing Address:**C/O BRADFORD B. GORNT0  
310 WILMETTE AVE. SUITE 5  
ORMOND BEACH, FL 32174 US**FEI Number: 59-2936260****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**GORNT0, BRADFORD B  
C/O BRADFORD B. GORNT0  
310 WILMETTE AVE. SUITE 5  
ORMOND BEACH, FL 32174 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:** BRADFORD B. GORNT0

02/08/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**Title DIRECTOR, VP  
Name HAGERTY, KATHLEEN  
Address 12424 RESEARCH PKWY  
250  
City-State-Zip: ORLANDO FL 32826Title DIRECTOR, TREASURER  
Name CIANCOTTO, MELANIE A.  
Address 333 S. GARLAND AVE.  
17TH FLOOR  
City-State-Zip: ORLANDO FL 32801Title PRESIDENT, DIRECTOR  
Name FONTES, ELIZABETH  
Address 1000 HOLT AVE. 2750  
City-State-Zip: WINTER PARK FL 32789Title SECRETARY, DIRECTOR  
Name ROLL, DAN  
Address 78 FAIRWAY DRIVE  
City-State-Zip: ORMOND BEACH FL 32176

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:** BRADFORD B. GORNT0**REGISTERED AGENT**

02/08/2022

Electronic Signature of Signing Officer/Director Detail

Date