

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004863

Entity Name: CENTRAL FLORIDA BEHAVIORAL HEALTH NETWORK, INC.**Current Principal Place of Business:**719 US HIGHWAY 301 SOUTH
TAMPA, FL 33619**Current Mailing Address:**719 US HIGHWAY 301 SOUTH
TAMPA, FL 33619**FEI Number: 59-3467610****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MCKINNON, LINDA
719 US HIGHWAY 301 SOUTH
TAMPA, FL 33619 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	CHAIRMAN
Name	REYNOLDS, CLARA
Address	ONE CRISIS CENTER PLAZA
City-State-Zip:	TAMPA FL 33613
Title	SECRETARY
Name	SLATER, BRENA
Address	1500 INDEPENDENCE BLVD. #210
City-State-Zip:	SARASOTA FL 34234
Title	PRESIDENT
Name	MCKINNON, LINDA
Address	719 S. US HIGHWAY 301
City-State-Zip:	TAMPA FL 33619

Title	DIRECTOR
Name	GADD, RAY
Address	7227 LAND O' LAKES BLVD.
City-State-Zip:	LAND O' LAKES FL 34638
Title	TREASURER
Name	LATIMER, CRAIG
Address	601 E. KENNEDY BLVD. 16TH FLOOR
City-State-Zip:	TAMPA FL 33602

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: MCKINNON, LINDA**PRESIDENT & CEO****01/30/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date