

**2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N97000005053

**Entity Name:** PFXA, INC.

**Current Principal Place of Business:**

2350 LEGENDS WAY  
CLERMONT, FL 34711

**Current Mailing Address:**

2350 LEGENDS WAY  
CLERMONT, FL 34711 US

**FEI Number:** 59-3470283

**Certificate of Status Desired:** No

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

BRET JONES, P.A.  
700 ALMOND STREET  
CLERMONT, FL 34711 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 BOARD MEMBER, SECRETARY,  
TREASURER  
Name RICHARDSON, DOROTHY DR.  
Address 2350 LEGENDS WAY  
City-State-Zip: CLERMONT FL 34711

Title EXECUTIVE DIRECTOR, PRESIDENT  
Name STRANGE, ALISON ESQ.  
Address 700 ALMOND STREET  
City-State-Zip: CLERMONT FL 34711

Title BOARD MEMBER, CHAIRMAN  
Name DECLERCQ, ANDREW  
Address 10812 PRIEBE ROAD  
City-State-Zip: CLERMONT FL 34711

Title DIRECTOR  
Name BORAK , ROBERT K II  
Address 2350 LEGENDS WAY  
City-State-Zip: CLERMONT FL 34711

Title BOARD MEMBER  
Name VAUGHT, AVIS  
Address 2350 LEGENDS WAY  
City-State-Zip: CLERMONT FL 34711

Title DIRECTOR  
Name ROTTA, SARAH  
Address 2350 LEGENDS WAY  
City-State-Zip: CLERMONT FL 34711

*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:** ALISON STRANGE

**PRESIDENT**

**09/18/2017**

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

\_\_\_\_\_  
Date