

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000006362

**Entity Name:** THE CANTERBURY SCHOOL OF FLORIDA FOUNDATION, INC.

**FILED**  
**Jan 21, 2020**  
**Secretary of State**  
**5892867831CC**

**Current Principal Place of Business:**

990 62ND AVENUE NE  
ST PETERSBURG, FL 33702

**Current Mailing Address:**

990 62ND AVENUE NE  
ST PETERSBURG, FL 33702

**FEI Number: 59-3533962**

**Certificate of Status Desired: No**

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

HALL, MAC H  
990 62ND AVENUE NE  
ST PETERSBURG, FL 33702 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            PRESIDENT  
Name            DOBIESZ, MAUREEN  
Address        739 GALEON DRIVE  
City-State-Zip: TIERRA VERDE FL 33715

Title            TREASURER  
Name            MCMULLEN, STEVE  
Address        690 APALACHEE CIRCLE NE  
City-State-Zip: ST PETERSBURG FL 33702

Title            SECRETARY  
Name            MCQUEEN, BILL  
Address        121 BAY POINT DRIVE NE  
City-State-Zip: ST PETERSBURG FL 33704

Title            DIRECTOR  
Name            HALE, MARION ESQ.  
Address        7201 DEMENS DR. S  
City-State-Zip: ST PETERSBUG FL 33712

Title            DIRECTOR  
Name            CAROTHERS-SMITH, SUSAN  
Address        902 MARCO DR NE  
City-State-Zip: ST PETERSBURG FL 33702

Title            VP  
Name            HANNA, MIKE  
Address        9270 SAN MARTIN BLVD  
City-State-Zip: ST. PETERSBURG FL 33702

Title            DIRECTOR  
Name            BETZER, PETER  
Address        1830 CRESCENT LAKE DR  
City-State-Zip: ST PETERSBURG FL 33704

*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: MAUREEN DOBIESZ**

**PRESIDENT**

**01/21/2020**

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

\_\_\_\_\_  
Date