

2018 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F16000000477

Entity Name: DBSA CENTRAL FLORIDA, INC.**Current Principal Place of Business:**1020 REGAL POINTE TERRACE #100
LAKE MARY, FL 32746**Current Mailing Address:**PO BOX 520046
LONGWOOD, FL 32752 US**FEI Number: 47-3866263****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MOLYNEAUX, CHERYL
1020 REGAL POINTE TERRACE #100
LAKE MARY, FL 32746 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	MOLYNEAUX, CHERYL
Address	127 ROSE HILL TRAIL
City-State-Zip:	SANFORD FL 32773

Title	S
Name	CHICOINE, JO
Address	PO BOX 520046
City-State-Zip:	LONGWOOD FL 32752

Title	T
Name	REDFERN, KATHLEEN
Address	PO BOX 520046
City-State-Zip:	LONGWOOD FL 32752

Title	DIRECTOR
Name	SCHURIG, GAYLE
Address	PO BOX 520046
City-State-Zip:	LONGWOOD FL 32752

Title	DIRECTOR
Name	HILL, DANIELLE
Address	PO BOX 520046
City-State-Zip:	LONGWOOD FL 32752

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: CHERYL MOLYNEAUX**PRESIDENT****04/24/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date