2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2012
Secretary of State

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Entity Name: CENTRAL FLORIDA PEDIATRIC THERAPY FOUNDATION, INC.

Current Principal Place of Business:

405 S SEMINOLE AVENUE
MINNEOLA, FL 34715

New Principal Place of Business:

Current Mailing Address:

PO BOX 120547
CLERMONT, FL 34712

New Mailing Address:

FEI Number: 27-1429422 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOMES, AMY J
405 S SEMINOLE AVENUE
MINNEOLA, FL 34715 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D
Name: GOMES, AMY J
Address: 405 S SEMINOLE AVENUE
City-St-Zip: MINNEOLA, FL 34715

Title: D
Name: PHARES, RENEE D
Address: 405 S SEMINOLE AVENUE
City-St-Zip: MINNEOLA, FL 34715

Title: D
Name: NUSSBAUMER, TRINA
Address: 6140 OIL WELL ROAD
City-St-Zip: CLERMONT, FL 34714

Title: D
Name: BLACK, MICHELE
Address: 6598 TEBETTS DRIVE
City-St-Zip: ORLANDO, FL 32818

Title: D
Name: MCNIEL, SHAWN
Address: 12145 CYPRESS LANDING
City-St-Zip: CLERMONT, FL 34711

Title: D
Name: LAMPE, DEBRA
Address: 16522 ARROWHEAD TRAIL
City-St-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: AMY J GOMES D 01/06/2012

Electronic Signature of Signing Officer or Director Date