

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704372

Entity Name: PRIMROSE CENTER, INC.**Current Principal Place of Business:**2733 S FERNCREEK AVE
ORLANDO, FL 32806**Current Mailing Address:**2733 S FERNCREEK AVE
ORLANDO, FL 32806**FEI Number:** 59-0699143**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MCCORMAC, WILLIAM
2733 S FERNCREEK AVENUE
ORLANDO, FL 32806 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:** WILLIAM MCCORMAC

01/27/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name NORTH, LESLIE
Address 1738 WESTOVER RESERVE BLVD
City-State-Zip: WINDERMERE FL 34786

Title CEO, DIRECTOR
Name MCCORMAC, WILLIAM
Address 4222 PECAN LN
City-State-Zip: ORLANDO FL 32812

Title SECRETARY, DIRECTOR
Name GILLETT, VICKI
Address 524 WOODVIEW DRIVE
City-State-Zip: LONGWOOD FL 32719

Title DIRECTOR
Name GALLOWAY, HELEN
Address 618 ALBERTSON PL
City-State-Zip: ORLANDO FL 32806

Title DIRECTOR
Name CHONG, ANN
Address 1316 PINAR DR
City-State-Zip: ORLANDO FL 32825

Title DIRECTOR
Name MANCEBO, LINO
Address 4532 BURK ST
City-State-Zip: ORLANDO FL 32814

Title DIRECTOR
Name SCHLOTMAN, ROBERT
Address 2725 WALNUT ST
City-State-Zip: ORLANDO FL 32806

Title DIRECTOR
Name KISER, JEFFREY
Address 1609 HACKNEY AVE
City-State-Zip: ORLANDO FL 32806

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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: WILLIAM MCCORMAC

CEO

01/27/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name FRANCO, KARA
Address 828 LAUREL AVE #1
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR
Name SURRAN, PAMELA
Address 7600 MAJORCA PL
5060
City-State-Zip: ORLANDO FL 32819

Title DIRECTOR
Name ZENIEWICZ, PAUL T
Address 611 N HYER AVE
City-State-Zip: ORLANDO FL 32803