

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705463

Entity Name: CAPSTONE ADAPTIVE LEARNING AND THERAPY CENTERS, INC.**FILED**
Jan 02, 2019
Secretary of State
CC5154361311**Current Principal Place of Business:**2912 NORTH E ST.
PENSACOLA, FL 32501**Current Mailing Address:**2912 NORTH E ST.
PENSACOLA, FL 32501**FEI Number: 59-0737912****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**WHITE, SHERRY A.
2912 NORTH E STREET
PENSACOLA, FL 32501 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	CHAIRMAN
Name	BRICKER, A. RANDY
Address	2912 NORTH E STREET
City-State-Zip:	PENSACOLA FL 32501

Title	TREASURER
Name	BELL, BRIAN
Address	2912 NORTH E ST.
City-State-Zip:	PENSACOLA FL 32501

Title	OFFICER
Name	ANDREWS, JENNY
Address	2912 NORTH E STREET
City-State-Zip:	PENSACOLA FL 32501

Title	PRESIDENT
Name	WHITE, SHERRY A
Address	2912 NORTH E STREET
City-State-Zip:	PENSACOLA FL 32501

Title	VC
Name	HUGGINS, BRAD
Address	2912 NORTH E ST.
City-State-Zip:	PENSACOLA FL 32501

Title	OFFICER
Name	ANDERSON, LARRY
Address	2912 NORTH E ST.
City-State-Zip:	PENSACOLA FL 32501

Title	SECRETARY
Name	PEACOCK, MATTHEW
Address	2912 NORTH E ST.
City-State-Zip:	PENSACOLA FL 32501

Title	OFFICER
Name	AHERN, ALICIA
Address	2912 NORTH E STREET
City-State-Zip:	PENSACOLA FL 32501

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: DR. SHERRY A. WHITE**PRESIDENT/CEO****01/02/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date