

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 712944

**Entity Name:** UNITED ARTS OF CENTRAL FLORIDA, INC.**Current Principal Place of Business:**2450 MAITLAND CENTER PARKWAY  
SUITE 201  
MAITLAND, FL 32751**Current Mailing Address:**2450 MAITLAND CENTER PARKWAY  
SUITE 201  
MAITLAND, FL 32751 US**FEI Number:** 59-1166446**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STEELE, JULIANA M  
2450 MAITLAND CENTER PARKWAY  
SUITE 201  
MAITLAND, FL 32751 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           TREASURER  
Name           NOWRY, JEAN  
Address        315 GROVELAND ST  
City-State-Zip: ORLANDO FL 32804

Title           CHAIRMAN  
Name           LANDMAN GONZALEZ, LINDA  
Address        8701 MAITLAND SUMMIT BLVD  
City-State-Zip: ORLANDO FL 32810

Title           SECRETARY  
Name           QUIGLEY, JENNIFER  
Address        201 N MAGNOLIA AVE  
City-State-Zip: ORLANDO FL 32801

Title           DIRECTOR  
Name           BOWMAN, SCOTT E  
Address        222 W COMSTOCK AVE 215  
City-State-Zip: WINTER PARK FL 32789

Title           VICE CHAIRMAN, TRUSTEE  
Name           MCADAM, BOB  
Address        1000 DARDEN CENTER DR  
City-State-Zip: ORLANDO FL 32837

Title           PRESIDENT  
Name           GARCIA, FLORA MARIA  
Address        2450 MAITLAND CENTER PARKWAY  
                  SUITE 201  
City-State-Zip: MAITLAND FL 32751

Title           DIRECTOR  
Name           BONIFAY, CECELIA  
Address        420 S ORANGE AVE STE 1200  
City-State-Zip: ORLANDO FL 32802

Title           DIRECTOR  
Name           BOYKIN, BRYAN  
Address        800 N MAGNOLIA AVE 500  
City-State-Zip: ORLANDO FL 32803

**Continues on page 2**

*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:** JULIANA M STEELE

CFO

01/22/2014

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name BRITT, HOWARD  
Address 1049 WILLA SPRINGS DR 1001  
City-State-Zip: WINTER SPRINGS FL 32708

Title DIRECTOR  
Name COURTENAY, DANIELLE  
Address 6277 SEA HARBOR DRIVE 400  
City-State-Zip: ORLANDO FL 32819

Title DIRECTOR  
Name DOPPELT, AVA K  
Address PO BOX 3791  
City-State-Zip: ORLANDO FL 32802

Title DIRECTOR  
Name FAHMIE, DEBBIE  
Address 817 BILL BECK BLVD  
City-State-Zip: KISSIMMEE FL 34744

Title DIRECTOR  
Name FRANCOIS, MARIE-JOSE  
Address 110 S WOODLAND AVE  
City-State-Zip: WINTER GARDEN FL 34787

Title DIRECTOR ALTERNATE, TRUSTEE ALTERNATE  
Name GOODWIN, MARCIA HOPE  
Address PO BOX 4990  
City-State-Zip: ORLANDO FL 32802-4990

Title DIRECTOR  
Name HARRINGTON, ROSEANN E  
Address 100 W ANDERSON ST  
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR  
Name HENSLEY, EDWARD  
Address 4700 MILLENIA BLVD 500  
City-State-Zip: ORLANDO FL 32839

Title DIRECTOR, TRUSTEE  
Name JENKINS, DR. BARBARA  
Address PO BOX 271  
City-State-Zip: ORLANDO FL 32802

Title DIRECTOR  
Name JOHNSON, DR. STACEY  
Address 701 N ECONLOCKHATCHEE TRAIL  
City-State-Zip: ORLANDO FL 32825

Title DIRECTOR

Title DIRECTOR  
Name CLEMENTS, DEBORAH A  
Address 452 E CROWN POINT RD WG14  
City-State-Zip: WINTER GARDEN FL 34787

Title DIRECTOR  
Name CRAWFORD, CANDICE  
Address 1227 PINE NEEDLE CT  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR, TRUSTEE  
Name ESTORINO, JILL  
Address PO BOX 10000  
City-State-Zip: ORLANDO FL 32830

Title DIRECTOR  
Name FORNESS, CRAIG  
Address 1000 DARDEN CENTER DRIVE  
City-State-Zip: ORLANDO FL 32837

Title DIRECTOR  
Name GILBERT, SUZANNE  
Address 200 S ORANGE AVE 2600  
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR  
Name HARDMAN, JODIE  
Address 390 N ORANGE AVE 900  
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR  
Name HARTLEY, MARTHA ANDERSON  
Address 390 N ORANGE AVE 1875  
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR, TRUSTEE  
Name HORAN, HON. JOHN  
Address 1101 E FIRST ST  
City-State-Zip: SANFORD FL 32771

Title DIRECTOR, TRUSTEE  
Name JENKINS, TONY  
Address 610 CRESCENT EXECUTIVE CT 600  
City-State-Zip: LAKE MARY FL 32746

Title DIRECTOR  
Name KANTOR, HAL H  
Address PO BOX 2809  
City-State-Zip: ORLANDO FL 32802

Title DIRECTOR  
Name KHAHAIFA, AVIDO

Name KELLY, DR. DANIEL P  
 Address 6400 SANGER RD  
 City-State-Zip: ORLANDO FL 32827  
  
 Title DIRECTOR, TRUSTEE ALTERNATE  
 Name LARTONNOIX, PAUL  
 Address 5013 CYPRESS BRANCH POINT  
 City-State-Zip: OVIEDO FL 32765  
  
 Title DIRECTOR  
 Name LOWNDES, RITA  
 Address 1308 GREEN COVE RD  
 City-State-Zip: WINTER PARK FL 32789  
  
 Title DIRECTOR  
 Name MCCANN, CHRISTOPHER M  
 Address 111 N ORANGE AVE 1600  
 City-State-Zip: ORLANDO FL 32801  
  
 Title DIRECTOR  
 Name MOORE, CHRISTINE  
 Address PO BOX 271  
 City-State-Zip: ORLANDO FL 32801  
  
 Title DIRECTOR  
 Name PEREZ-KELLEY, PENELOPE  
 Address 215 E LIVINGSTON ST  
 City-State-Zip: ORLANDO FL 32801  
  
 Title DIRECTOR  
 Name RHODES, REBECCA  
 Address 14901 S ORANGE BLOSSOM TRAIL  
 City-State-Zip: ORLANDO FL 32837  
  
 Title DIRECTOR  
 Name ROPER, BARBARA  
 Address 12302 SUMMERPORT  
 City-State-Zip: WINDERMERE FL 34786  
  
 Title DIRECTOR  
 Name SCHAFFNER, HON. DEDE  
 Address 400 E LAKE MARY BLVD  
 City-State-Zip: SANFORD FL 32773  
  
 Title DIRECTOR  
 Name WILSON, KATE  
 Address 800 N MAGNOLIA AVE  
 City-State-Zip: ORLANDO FL 32803

Address 633 N ORANGE AVE  
 City-State-Zip: ORLANDO FL 32801  
  
 Title DIRECTOR  
 Name LOPEZ, EDGAR  
 Address 390 N BROAD AVE 1400  
 City-State-Zip: ORLANDO FL 32801  
  
 Title DIRECTOR  
 Name MALDONADO, J HENRY  
 Address 1702 IVERNESS CT  
 City-State-Zip: LONGWOOD FL 32779  
  
 Title DIRECTOR  
 Name MCCARTHY, JENNIFER  
 Address 9400 TURKEY RD  
 City-State-Zip: ORLANDO FL 32819  
  
 Title EX OFFICIO  
 Name OLSON, TERRENCE  
 Address PO BOX 1393  
 City-State-Zip: ORLANDO FL 32802  
  
 Title DIRECTOR  
 Name RAVNDAL, REV. ERIC III  
 Address 1000 HOLT AVE 2763  
 City-State-Zip: WINTER PARK FL 32789  
  
 Title DIRECTOR  
 Name ROGERS, MELVIN MS  
 Address 4000 CENTRAL FLORIDA BLVD 365  
 City-State-Zip: ORLANDO FL 32806  
  
 Title DIRECTOR, TRUSTEE  
 Name RUSSELL, HON. TIFFANY MOORE  
 Address 201 S ROSALIND AVE 5TH FL  
 City-State-Zip: ORLANDO FL 32802  
  
 Title DIRECTOR, TRUSTEE  
 Name WARLOW, THOMAS P III  
 Address PO BOX 547918  
 City-State-Zip: ORLANDO FL 32854  
  
 Title CFO  
 Name STEELE, JULIANA M  
 Address 2450 MAITLAND CENTER PARKWAY SUITE 201  
 City-State-Zip: MAITLAND FL 32751