

**2015 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           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           BRITT, HOWARD  
Address       1049 WILLA SPRINGS DR 1001  
City-State-Zip: WINTER SPRINGS FL 32708

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

**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****02/20/2015**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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, TRUSTEE ALTERNATE  
Name LARTONIX, 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

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  
Name KELLY, DR. DANIEL P  
Address 6400 SANGER RD  
City-State-Zip: ORLANDO FL 32827

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 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 WILSON, KATE  
Address 800 N MAGNOLIA AVE  
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR  
Name COURTENAY, DANIELLE  
Address 6277 SEA HARBOR DR  
City-State-Zip: ORLANDO FL 32821

Title DIRECTOR  
Name DUDA, JUDITH  
Address 1721 REBEL RUN  
City-State-Zip: OVIEDO FL 32765

Title DIRECTOR  
Name MCGEE, ANN DR.  
Address 100 WELDON BLVD  
City-State-Zip: SANFORD FL 32773-6119

Title DIRECTOR  
Name BAKER, PAUL  
Address 6400 SANGER RD  
City-State-Zip: ORLANDO FL 32827

Title DIRECTOR, TRUSTEE  
Name MACPHEE, JIM  
Address 200 SHOWBIZ BLVD  
City-State-Zip: LAKE BUENA VISTA FL 32830

Title DIRECTOR, TRUSTEE  
Name GHERTNER, STEPHANIE  
Address 1000 DARDEN CENTER DR  
City-State-Zip: ORLANDO FL 32837

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 ROGERS, MELVIN MS  
Address 4000 CENTRAL FLORIDA BLVD 365  
City-State-Zip: ORLANDO FL 32806

Title CFO  
Name STEELE, JULIANA M  
Address 2450 MAITLAND CENTER PARKWAY  
SUITE 201  
City-State-Zip: MAITLAND FL 32751

Title TRUSTEE, DIRECTOR  
Name ALTMIRE, JASON  
Address 4800 DEERWOOD CAMPUS PKY  
City-State-Zip: JACKSONVILLE FL 32246

Title DIRECTOR  
Name MARSHALL-LUNEY, BEVERLY  
Address 1134 EAST BRANTLEY ESTATES DR  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR  
Name SANDLER, RICHARD DR.  
Address 13535 NEMOURS PARKWAY  
City-State-Zip: ORLANDO FL 32827

Title DIRECTOR  
Name BLANC, DAVID  
Address 6251 CHANCELLOR DR  
City-State-Zip: ORLANDO FL 32809

Title DIRECTOR, TRUSTEE  
Name WEST, BRYCE L  
Address 5083 ISLEWORTH COUNTRY CLUB DR  
City-State-Zip: WINDERMERE FL 34786