

**2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# 722744

Entity Name: SPECIAL OLYMPICS FLORIDA, INC.

Current Principal Place of Business:

1915 DON WICKHAM DR.
CLERMONT, FL 34711

Current Mailing Address:

1915 DON WICKHAM DR.
CLERMONT, FL 34711 US

FEI Number: 23-7181560

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WHEELLOCK, SHERRY
1915 DON WICKHAM DR.
CLERMONT, FL 34711-1905 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 VICE CHAIR
Name D'ORTONA, CARY
Address 503 RIVERBEND BLVD
City-State-Zip: LONGWOOD FL 32779

Title TREASURER
Name NURSEY, MIKE
Address 5201 NORTH LOIS AVENUE
City-State-Zip: TAMPA FL 33614

Title PCEO
Name WHEELLOCK, SHERRY
Address 1915 DON WICKHAM DR.
City-State-Zip: CLERMONT FL 34711

Title CAO
Name AMLIE, BERIT
Address 1915 DON WICKHAM DRIVE
City-State-Zip: CLERMONT FL 34711

Title CHIEF DEVELOPMENT, MARKETING
OFFICER
Name HARRIS-SMITH, LINSEY
Address 1915 DON WICKHAM DR.
City-State-Zip: CLERMONT FL 34711

Title COO
Name MCLEAN, MEGHAN
Address 1915 DON WICKHAM DR.
City-State-Zip: CLERMONT FL 34711

Title CHAIRMAN
Name GAINEY, EMERY
Address PL 01 THE CAPITOL
City-State-Zip: TALLAHASSEE FL 32399-1050

Title BOARD CHAIR
Name GILMOUR, BRAD
Address 7007 SEAWORLD DRIVE
City-State-Zip: ORLANDO FL 32821

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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: SHERRY WHEELLOCK

PRESIDENT, CEO

09/04/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

| | |
|-----------------|-------------------|
| Title | SECRETARY |
| Name | SINGH, MARSHA |
| Address | 7003 TREYMONT DR |
| City-State-Zip: | LAKELAND FL 33813 |