### 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 726916** 

Entity Name: THE CENTERS, INC.

**FILED** Jan 27, 2015 **Secretary of State** CC2770816580

# **Current Principal Place of Business:**

5664 SW 60TH AVENUE

BLDG 1

OCALA, FL 34474

## **Current Mailing Address:**

5664 SW 60TH AVE

**BLD #1** 

OCALA, FL 34474 US

FEI Number: 51-0177273 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

COWART, TIMOTHY 5664 SW 60TH AVENUE BLDG 1 OCALA, FL 34474 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: TIMOTHY COWART 01/27/2015

> Date Electronic Signature of Registered Agent

#### Officer/Director Detail:

Address

Address

Title **PRESIDENT** Title VΡ

NORMAN, GARY THOMPSON, RAY Name Name

5664 SW 60TH AVE 5664 SW 60TH AVE Address BLD #1 BLD #1

City-State-Zip: OCALA FL 34474 City-State-Zip: OCALA FL 34474

Title **SECRETARY** Title **TREASURER** 

Name NAUGLE, RYAN Name STEPHENS, TERESA

> 5664 SW 60TH AVE Address 5664 SW 60TH AVE BLD #1 BLD #1

City-State-Zip: OCALA FL 34474 City-State-Zip: OCALA FL 34474

Electronic Signature of Signing Officer/Director Detail

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.