2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2018
Secretary of State
CC0070513098

DOCUMENT# 742256

Entity Name: CASA CALDERON, INC.

Current Principal Place of Business:

800 W. VIRGINIA STREET
TALLAHASSEE, FL 32304

Current Mailing Address:

P. O. BOX 1212
TALLAHASSEE, FL 32302

FEI Number: 59-2415825

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KOELEMIJ, KAREN
641 MCDONNELL DRIVE
TALLAHASSEE, FL 32310 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: KAREN KOELEMIJ 02/22/2018

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PD
Name	CAYER, JOHN
Address	P.O. BOX 2395
City-State-Zip:	TALLAHASSEE FL 32316

Title	SD
Name	KUPISZEWSKI, PHYLLIS
Address	3070 WHITE IBIS WAY
City-State-Zip:	TALLAHASSEE FL 32309

Title	VP, DIRECTOR
Name	SHEEDY, BRIAN
Address	3081 SAWGRASS CIRCLE
City-State-Zip:	TALLAHASSEE FL 32309

Title	DIRECTOR
Name	MICHAEL, PEARSON
Address	3124 BRIARWOOD DR
City-State-Zip:	TALLAHASSEE FL 32308

Title	TD
Name	GODLEWSKI, JOHN
Address	11 NORTH "B" STREET
City-State-Zip:	PENSACOLA FL 32522

Title	DIRECTOR
Name	CARLSON, MYRA
Address	205 THORNBERG DR.
City-State-Zip:	TALLAHASSEE FL 32312

Title	DIRECTOR
Name	DASHA, NIXON
Address	P. O. BOX 2395
City-State-Zip:	TALLAHASSEE FL 32316

Title	DIRECTOR
Name	MCCARRON, CHERYL
Address	3128 BRIARWOOD DR.
City-State-Zip:	TALLAHASSEE FL 32308

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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: JOHN CAYER PRESIDENT 02/22/2018

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	WOODYARD, WILLAIM
Address	2917 EDENDERRY DR.
City-State-Zip:	TALLAHASSEE FL 32309