

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004072

Entity Name: FRIENDS OF CASA FELIZ, INC.**Current Principal Place of Business:**656 PARK AVE N.
WINTER PARK, FL 32789**Current Mailing Address:**P.O. BOX 591
WINTER PARK, FL 32790**FEI Number:** 59-3737446**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**OMOTO, SUSAN
656 PARK AVENUE NORTH
WINTER PARK, FL 32789 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:** SUSAN OMOTO

01/23/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name DEUCHLER, BILL
Address P.O. BOX 591
City-State-Zip: WINTER PARK FL 32790

Title SECRETARY
Name MASSELINK, SUE
Address P.O. BOX 591
City-State-Zip: WINTER PARK FL 32790

Title DIRECTOR
Name ESCHBACH, PHIL
Address P.O. BOX 591
City-State-Zip: WINTER PARK FL 32790

Title VICE CHAIR
Name KRECICKI, DREW
Address P.O. BOX 591
City-State-Zip: WINTER PARK FL 32790

Title DIRECTOR
Name WARD, TAYLOR
Address P.O. BOX 591
City-State-Zip: WINTER PARK FL 32790

Title CHAIRMAN
Name KILBY, RICK
Address P.O. BOX 591
City-State-Zip: WINTER PARK FL 32790

Title EXECUTIVE DIRECTOR
Name OMOTO, SUSAN
Address P.O. BOX 591
City-State-Zip: WINTER PARK FL 32790

Title DIRECTOR
Name FERRER, NATHAN
Address 656 PARK AVE N.
City-State-Zip: WINTER PARK FL 32789

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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: SUSAN OMOTO**EXECUTIVE DIRECTOR**

01/23/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

| | |
|-----------------|----------------------|
| Title | DIRECTOR |
| Name | GALLARDO, REBECCA |
| Address | 656 PARK AVE N. |
| City-State-Zip: | WINTER PARK FL 32789 |