

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000001745

**Entity Name:** CENTRAL FLORIDA YMCA CHILDCARE SERVICES, INC.**Current Principal Place of Business:**433 NORTH MILLS AVENUE  
ORLANDO, FL 32803**Current Mailing Address:**433 NORTH MILLS AVENUE  
ORLANDO, FL 32803 US**FEI Number:** 20-1065407**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MANAHAN, COLLEEN K.  
433 NORTH MILLS AVENUE  
ORLANDO, FL 32803 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:** STARLENE BARRETT

03/20/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CEO  
Name WILCOX, DANIEL  
Address 433 NORTH MILLS AVENUE  
City-State-Zip: ORLANDO FL 32803

Title SECRETARY  
Name MARTINEZ, RALPH  
Address 433 NORTH MILLS AVENUE  
City-State-Zip: ORLANDO FL 32803

Title TREASURER  
Name MANUEL, MICHAEL  
Address 433 N. MILLS AVENUE  
City-State-Zip: ORLANDO FL 32803

Title CFO  
Name MANAHAN, COLLEEN  
Address 433 NORTH MILLS AVENUE  
City-State-Zip: ORLANDO FL 32803

Title CHAIRMAN  
Name KRZYZAK, PETE  
Address 433 N. MILLS AVE  
City-State-Zip: ORLANDO FL 32803

Title COO  
Name ICKES, DAN  
Address 433 NORTH MILLS AVENUE  
City-State-Zip: ORLANDO FL 32803

*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:** COLLEEN MANAHAN

CFO

03/20/2020

Electronic Signature of Signing Officer/Director Detail

Date