

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000001026

**Entity Name:** FRIENDS OF CHILDREN OF NORTH CENTRAL FLORIDA, INC.**Current Principal Place of Business:**3500 NW 97 BLVD  
SUITE A  
GAINESVILLE, FL 32606**Current Mailing Address:**P. O. BOX 358502  
GAINESVILLE, FL 32635**FEI Number: 59-3812245****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LOCKE, RONALD A  
3500 NW 97 BOULEVARD  
SUITE A  
GAINESVILLE, FL 32606 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	P, DIRECTOR
Name	GEORGE, JOEL D
Address	8210 SW 307
City-State-Zip:	TRENTON FL 32693

Title	VP, DIRECTOR
Name	DAVIS, ROBERT
Address	4114 SW 111TH PLACE
City-State-Zip:	LAKE BUTLER FL 32054

Title	SECRETARY, DIRECTOR
Name	JORDAN, DONNA
Address	612 N STATE RD 21
City-State-Zip:	HAWTHORNE FL 32640

Title	DIRECTOR
Name	LOCKE, RONALD A
Address	3500 NW 97TH BLVD SUITE A
City-State-Zip:	GAINESVILLE FL 32606

Title	TREASURER, DIRECTOR
Name	CELLON, JR, WILLIAM E
Address	PO BOX 77
City-State-Zip:	LACROSSE FL 32658

Title	DIRECTOR
Name	HUNTER, GARY
Address	6171 NW 85TH PLACE
City-State-Zip:	CHIEFLAND FL 32626

*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: CELLON, JR, WILLIAM E****TREASURER****02/14/2022**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date