

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000001026

**Entity Name:** FRIENDS OF CHILDREN OF NORTH CENTRAL FLORIDA, INC.

**FILED**  
**Feb 21, 2024**  
**Secretary of State**  
**8623659743CC**

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

Title DIRECTOR  
Name BAXLEY, KIM  
Address 8045 SW 135TH LANE  
City-State-Zip: ARCHER FL 32618

Title DIRECTOR  
Name DICKEY, GINA  
Address 21 NE 31ST TERRACE  
City-State-Zip: OCALA FL 34470

Title DIRECTOR  
Name INGLETT, PATRICK  
Address 1605 NW 71ST STREET  
City-State-Zip: GAINESVILLE FL 32605

Title DIRECTOR  
Name BOYD, RANDALL  
Address 12981 NW 90TH AVE  
City-State-Zip: CHIEFLAND FL 32626

**Continues on page 2**

*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**

**DIRECTOR & TREASURER 02/21/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           PALMER, STEPHEN  
Address        9391 NE 99TH AVE  
City-State-Zip: BRONSON FL 32621

Title           DIRECTOR  
Name           WILLIAMS, MONICA  
Address        7650 NW 51ST STREET  
City-State-Zip: CHIEFLAND FL 32626