

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000009094

**Entity Name:** APPLIED CLIENT NETWORK WEST CENTRAL FLORIDA, INC.

**FILED**  
**Feb 01, 2019**  
**Secretary of State**  
**4558928013CC**

**Current Principal Place of Business:**

1000 WEKIVA SPRINGS RD  
LONGWOOD, FL 32779

**Current Mailing Address:**

1000 WEKIVA SPRINGS RD  
LONGWOOD, FL 32779 US

**FEI Number:** 65-0649607

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BRONSON, RENEE S  
C/O THE FESSLER AGENCY  
3165 N MCMULLEN BOOTH ROAD SUITE G-2  
CLEARWATER, FL 33765 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:** RENEE S BRONSON

02/01/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           BRONSON, RENEE S  
Address        C/O THE FESSLER AGENCY  
                  3165 N MCMULLEN BOOTH RD SUITE  
                  G-2  
City-State-Zip: CLEARWATER FL 33765

Title           VP  
Name           MULRAIN, TAMMY  
Address        C/O BROWN INSURANCE SERVICES  
                  2401 WEST BAY DRIVE, STE 603  
City-State-Zip: LARGO FL 33770

Title           DIRECTOR  
Name           LISIECKI-HAND, LORI  
Address        6921 SURREY OAK DRIVE  
City-State-Zip: APOLLO BEACH FL 33572

Title           SECRETARY  
Name           LERCH, KATHRYN  
Address        C/O DARR SCHACKOW INSURANCE  
                  5200-B WEST NEWBERRY RD  
City-State-Zip: GAINESVILLE FL 32607

Title           PRESIDENT  
Name           MALLOZZI, MELISSA  
Address        C/O JOHN M GLOVER AGENCY  
                  17051 DORMAN RD  
City-State-Zip: LITHIA FL 33547

Title           DIRECTOR  
Name           LEVINE, JULIE  
Address        C/O HARRY LEVINE INSURANCE  
                  AGENCY  
                  7587 W SAND LAKE ROAD  
City-State-Zip: ORLANDO FL 32819

*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:** RENEE S BRONSON

**TREASURER**

02/01/2019

Electronic Signature of Signing Officer/Director Detail

Date