

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009094

Entity Name: APPLIED CLIENT NETWORK WEST CENTRAL FLORIDA, INC.**Current Principal Place of Business:**6254 GOLDCOAST AVENUE
APOLLO BEACH, FL 33572**Current Mailing Address:**6254 GOLDCOAST AVENUE
APOLLO BEACH, FL 33572 US**FEI Number:** 65-0649607**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BRONSON, RENEE S
6254 GOLDCOAST AVENUE
APOLLO BEACH, FL 33572 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

03/01/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name BRONSON, RENEE S
Address 6254 GOLDCOAST AVENUE
City-State-Zip: APOLLO BEACH FL 33572

Title PRESIDENT
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 DIRECTOR
Name SULLIVAN, MARIE
Address C/O AMELIA INSURANCE AGENCY
 2384 SADLER ROAD
City-State-Zip: FERNANDINA BEACH FL 32034

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

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

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

Title DIRECTOR
Name BERACASA, JACQUELINE
Address C/O SIHLE INSURANCE
 1021 DOUGLAS AVENUE
City-State-Zip: ALTAMONTE SPRINGS FL 32714

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 BRONSON**TREASURER**

03/01/2022

Electronic Signature of Signing Officer/Director Detail

Date