2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011765

Entity Name: EHDOC PEPPER TOWERS CHARITABLE CORPORATION

FILED
Mar 29, 2024
Secretary of State
6618402151CC

Current Principal Place of Business:

1200 SOUTH PINE ISLAND ROAD, SUITE 725

PLANTATION, FL 33324

Current Mailing Address:

1200 SOUTH PINE ISLAND ROAD, SUITE 725 PLANTATION, FL 33324 US

FEI Number: 27-0603036 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 SECRETARY Title DIRECTOR

Name CORDONE, MARIA C. Name RIBEIRO, MELANIE

Address 1200 SOUTH PINE ISLAND ROAD, Address 1200 SOUTH PINE ISLAND ROAD,

SUITE 725 SUITE 725

City-State-Zip: PLANTATION FL 33324 City-State-Zip: PLANTATION FL 33324

 Title
 TREASURER / CFO
 Title
 DIRECTOR

 Name
 SCHMELTZER, ERICA
 Name
 DAVIS, LISA

Address 1200 SOUTH PINE ISLAND ROAD, Address 1200 SOUTH PINE ISLAND ROAD,

SUITE 725

SUITE 725

City-State-Zip: PLANTATION FL 33324 City-State-Zip: PLANTATION FL 33324

Title VP Title DIRECTOR

Name DUBOIS, SHERWOOD Name FRANSETTA, TONY

Address 1200 SOUTH PINE ISLAND ROAD, Address 1200 SOUTH PINE ISLAND ROAD,

SUITE 725 SUITE 725

City-State-Zip: PLANTATION FL 33324 City-State-Zip: PLANTATION FL 33324

Title DIRECTOR Title PRESIDENT / CEO

Name OLSEN, JOHN Name SHELTON, CHRISTOPHER M.

Address 1200 SOUTH PINE ISLAND ROAD, Address 1200 SOUTH PINE ISLAND ROAD,

SUITE 725 SUITE 725

City-State-Zip: PLANTATION FL 33324 City-State-Zip: PLANTATION FL 33324

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: CHRISTOPHER M. SHELTON PRESIDENT / CEO 03/29/2024

Electronic Signature of Signing Officer/Director Detail

Date