

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000007019

Entity Name: EMBRACE FAMILIES SOLUTIONS, INC.**Current Principal Place of Business:**901 N. LAKE DESTINY RD.
STE. 400
MAITLAND, FL 32751**Current Mailing Address:**901 N. LAKE DESTINY RD.
STE. 400
MAITLAND, FL 32751 US**FEI Number:** 45-2843994**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**GLYNN, GERARD
901 N. LAKE DESTINY RD.
STE. 400
MAITLAND, FL 32751 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:** GLEN CASEL

04/11/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name WENTWORTH, OWEN
Address 901 N. LAKE DESTINY RD.
STE. 400
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR
Name OLIVER, SUSIE
Address 901 N. LAKE DESTINY RD.
STE. 400
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR
Name BARNETT, GREG
Address 901 N. LAKE DESTINY RD.
STE. 400
City-State-Zip: MAITLAND FL 32751

Title CFO
Name MACINA, CATHERINE
Address 901 N. LAKE DESTINY RD.
STE. 400
City-State-Zip: MAITLAND FL 32751

Title OTHER
Name CARUSO, CAROLE
Address 901 N. LAKE DESTINY RD.
STE. 400
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR
Name FOLGER, ANGELA
Address 901 N. LAKE DESTINY RD.
STE. 400
City-State-Zip: MAITLAND FL 32751

Title PRESIDENT, CEO
Name CASEL, GLEN
Address 901 N. LAKE DESTINY RD.
STE. 400
City-State-Zip: MAITLAND FL 32751

Title COO
Name BRYANT, MICHAEL
Address 901 N. LAKE DESTINY RD.
STE. 400
City-State-Zip: MAITLAND FL 32751

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: CAROLE CARUSO**STAKEHOLDER
ENGAGEMENT MANAGER**

04/11/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title CHAIRMAN
Name KESLER, CRAIG
Address 901 N. LAKE DESTINY RD.
STE. 400
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR
Name JOSEPHS, LAURENT DR.
Address 901 N. LAKE DESTINY RD.
STE. 400
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR
Name SANGIORIO, MICHAEL
Address 901 N. LAKE DESTINY RD.
STE. 400
City-State-Zip: MAITLAND FL 32751