

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

DOCUMENT# N11000008886

**FILED**  
**Mar 05, 2019**  
**Secretary of State**  
**2599194168CC**

**Entity Name:** THE NOBILO FOUNDATION, INC.

**Current Principal Place of Business:**

9460 THURLOE PLACE  
ORLANDO, FL 32827

**Current Mailing Address:**

9460 THURLOE PLACE  
ORLANDO, FL 32827

**FEI Number: 45-3454562**

**Certificate of Status Desired: No**

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

CONTE, RONALD J  
350 EAST PINE STREET  
SUITE 200  
ORLANDO, FL 32801 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           PRESIDENT  
Name           NOBILO, FRANK  
Address        9460 THURLOE PLACE  
City-State-Zip: ORLANDO FL 32827

Title           VP  
Name           NOBILO, SELENA  
Address        9460 THURLOE PLACE  
City-State-Zip: ORLANDO FL 32827

Title           TREASURER  
Name           CRAGIN, DEL  
Address        14722 CAPOTE LANE  
City-State-Zip: ORLANDO FL 32828

Title           SECRETARY  
Name           BENTUBO, MICHELLE  
Address        1789 SOARING HEIGHTS CIRCLE  
City-State-Zip: ORLANDO FL 32837

Title           DIRECTOR  
Name           LIGHTNER, DAVID  
Address        6060 PARKLAND DR  
                  100  
City-State-Zip: CLEVELAND OH 44124

Title           DIRECTOR  
Name           CONTE, RONALD  
Address        350 EAST PINE STREET, SUITE 200  
City-State-Zip: ORLANDO FL 32801

Title           DIRECTOR  
Name           SANDS, STEVEN  
Address        1729 ELIZABETHS WALK  
City-State-Zip: WINTER PARK FL 32789

*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: DAVID A LIGHTNER**

**DIRECTOR**

**03/05/2019**

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

\_\_\_\_\_  
Date