

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000001084

**FILED**  
**May 08, 2014**  
**Secretary of State**  
**CC8684156754**

**Entity Name:** GINA MCREYNOLDS FOUNDATION, INC.

**Current Principal Place of Business:**

2936 PONKAN MEADOW DRIVE  
APOPKA, FL 32712

**Current Mailing Address:**

1631 ROCK SPRINGS RD PMB 106  
APOPKA, FL 32712

**FEI Number:** 45-4415436

**Certificate of Status Desired:** No

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

F&L CORP.  
ONE INDEPENDENT DRIVE  
SUITE 1300  
JACKSONVILLE, FL 32202-5017 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 D  
Name BOGLE, MICHAEL  
Address 2936 PONKAN MEADOW DRIVE  
City-State-Zip: APOPKA FL 32712

Title D  
Name NATION, PHILLIP  
Address 2936 PONKAN MEADOW DRIVE  
City-State-Zip: APOPKA FL 32712

Title D  
Name ETLING, JON  
Address 2936 PONKAN MEADOW DRIVE  
City-State-Zip: APOPKA FL 32712

Title D  
Name MCREYNOLDS, WILLIAM  
Address 2640 GLEN FOREST DR  
City-State-Zip: APOPKA FL 32712

Title D  
Name PENNEY, TOM  
Address 567 PARKSIDE POINTE BLVD  
City-State-Zip: APOPKA FL 32712

Title D  
Name PHILLIPS, MATTHEW  
Address 140 BRIDLEWOOD LANE  
City-State-Zip: LONGWOOD FL 32779

*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: MICHAEL BOGLE**

**CHAIRMAN**

**05/08/2014**

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

\_\_\_\_\_  
Date