

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

DOCUMENT# N12000009855

**Entity Name:** POWER OF ONE CHARITIES OF CENTRAL FLORIDA INC

**Current Principal Place of Business:**

6429 TULA LANE  
LAKELAND, FL 33809

**Current Mailing Address:**

6429 TULA LANE  
LAKELAND, FL 33809 US

**FEI Number:** 46-1212885

**Certificate of Status Desired:** No

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

THOMPSON, RONALD G  
6429 TULA LANE  
LAKELAND, FL 33809 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 P  
Name THOMPSON, RONALD G  
Address 6429 TULA LANE  
City-State-Zip: LAKELAND FL 33809

Title VP  
Name NACARATO, JOHN A  
Address 103 DAISY AVE  
City-State-Zip: AUBURNDALE FL 33823

Title SEC  
Name NACARATO, VICKIE L  
Address 103 DAISY AVE  
City-State-Zip: AUBURNDALE FL 33823

Title T  
Name BORGELT, HEATHER L  
Address 1406 EAGLE POND DRIVE  
City-State-Zip: WINTER HAVEN FL 33884

*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:** RONALD THOMPSON

**PRESIDENT**

**04/18/2014**

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

\_\_\_\_\_  
Date