

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000002485

Entity Name: CENTER OF TRANSFORMATION, INC.

Current Principal Place of Business:

36 SOUTH PARK AVENUE
APT. # 106
WINTER GARDEN, FL 34787

Current Mailing Address:

36 SOUTH PARK AVENUE
APT. # 106
WINTER GARDEN, FL 34787 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SAPP, BONNIE L
36 SOUTH PARK AVENUE
APT. # 106
WINTER GARDEN, FL 34787 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: BONNIE L. SAPP

05/01/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name SAPP, BONNIE L
Address 36 SOUTH PARK AVENUE
 APT. # 106
City-State-Zip: WINTER GARDEN FL 34787

Title TREASURER
Name LLEWELLYN, SHARON M
Address 15132 WEST COLONIAL DRIVE
 APT. # 201
City-State-Zip: WINTER GARDEN FL 34787

Title SECRETARY
Name WILLIAMS, GILLIAN J
Address 15132 WEST COLONIAL DRIVE
 APT. # 201
City-State-Zip: WINTER GARDEN FL 34787

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: BONNIE SAPP

PRESIDENT

05/01/2015

Electronic Signature of Signing Officer/Director Detail

Date