

**2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N15000005089

**Entity Name:** WEHAVEAFACE.ORG INC.

**Current Principal Place of Business:**

7035 BRANCH COURT  
SAINT CLOUD, FL 34771

**Current Mailing Address:**

7035 BRANCH COURT  
SAINT CLOUD, FL 34771 US

**FEI Number:** 47-4075248

**Certificate of Status Desired:** Yes

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

UNITED STATES CORPORATION AGENTS, INC.  
5575 S. SEMORAN BLVD.  
SUITE 36  
ORLANDO,, FL 32822 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 FOUNDER  
Name VALVANO, JAMES  
Address 7035 BRANCH COURT  
City-State-Zip: SAINT CLOUD FL 34771

Title TREASURER  
Name GERIG, ANTOINETTE  
Address 7035 BRANCH COURT  
City-State-Zip: SAINT CLOUD FL 34771

Title SECRETARY  
Name CATALDI, ROSEMARY  
Address 7035 BRANCH COURT  
City-State-Zip: SAINT CLOUD FL 34771

Title DIRECTOR OF  
MARKETING/COMMUNITY RELATIONS  
Name VALVANO, CRTSTAL A  
Address 7035 BRANCH COURT  
City-State-Zip: SAINT CLOUD FL 34771

Title PRESIDENT  
Name TORRINGTON, IAN V  
Address 7035 BRANCH COURT  
City-State-Zip: SAINT CLOUD FL 34771

Title DIRECTOR OF PATIENT ADVOCACY  
Name ROBERTSON, MARY ETTA  
Address 7035 BRANCH COURT  
City-State-Zip: SAINT CLOUD FL 34771

Title DIRECTOR OF EDUCATION  
Name NEBLETT, CANDICE M.  
Address 7035 BRANCH COURT  
City-State-Zip: SAINT CLOUD FL 34771

Title VP  
Name MEDINA, DANIEL  
Address 7035 BRANCH COURT  
City-State-Zip: SAINT CLOUD FL 34771

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*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:** JAMES VALVANO

FOUNDER

06/13/2020

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR OF EVENT OPERATIONS  
Name PULLIAM, JAMES  
Address 7035 BRANCH COURT  
City-State-Zip: SAINT CLOUD FL 34771

Title DIRECTOR OF PATIENT ADVOCACY  
ASSISTANCE  
Name SPEARS, KIMBERLY  
Address 7035 BRANCH COURT  
City-State-Zip: SAINT CLOUD FL 34771

Title DIRECTOR OF COMMUNITY EVENTS  
Name VISCIANO, MADELINE  
Address 7035 BRANCH COURT  
City-State-Zip: SAINT CLOUD FL 34771

Title DIRECTOR OF REGIONAL ADVOCACY  
AND COMMUNITY DEVELOPMENT  
Name ZACHARY, CRYSTAL  
Address 7035 BRANCH COURT  
City-State-Zip: SAINT CLOUD FL 34771