

**2020 FLORIDA NOT FOR PROFIT CORPORATION 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**

**02/01/2020**

\_\_\_\_\_  
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 COMMUNITY EVENTS  
Name           VISCIANO, MADELINE  
Address        7035 BRANCH COURT  
City-State-Zip: SAINT CLOUD FL 34771