

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000008585

Entity Name: CENTER FOR SELF-DETERMINATION THEORY, INC.**Current Principal Place of Business:**1003 OAK POND DRIVE
CELEBRATION, FL 34747**Current Mailing Address:**1003 OAK POND DRIVE
CELEBRATION, FL 34747 US**FEI Number: 81-0900459****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**HOEFEN, SHANNON L
1003 OAK POND DRIVE
CELEBRATION, FL 34747 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	PRESIDENT
Name	RYAN, RICHARD M
Address	46 CROSMAN TERRACE
City-State-Zip:	ROCHESTER NY 14620

Title	OFFICER
Name	RIGBY, CHARLES S
Address	7332 OAKBLUFF DR.
City-State-Zip:	DALLAS TX 75254

Title	TREASURER
Name	HOEFEN, SHANNON L
Address	1003 OAK POND DRIVE
City-State-Zip:	CELEBRATION FL 34747

Title	VP
Name	DECI, EDWARD L
Address	1570 EAST AVE. APT 706
City-State-Zip:	ROCHESTER NY 14610

Title	OFFICER
Name	VANSTEENKISTE, MAARTEN
Address	H. DUNANTLAAN 2, 900
City-State-Zip:	GHENT, B-9000 BELGIUM OC

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: SHANNON HOEFEN**DIRECTOR****01/23/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date