

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000010408

**Entity Name:** THE KERI ANNE DEMOTT FOUNDATION, INC.

**Current Principal Place of Business:**

2325 BRIXHAM AVE.  
ORLANDO, FL 32828

**Current Mailing Address:**

PO BOX 782269  
ORLANDO, FL 32878 US

**FEI Number: 81-4288688**

**Certificate of Status Desired: No**

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

DEMOTT, CASEY  
2325 BRIXHAM AVE.  
ORLANDO, FL 32828 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            DEMOTT, BILL  
Address        2325 BRIXHAM AVE.  
City-State-Zip: ORLANDO FL 32828

Title            SECRETARY  
Name            DEMOTT, LACEY  
Address        2325 BRIXHAM AVE.  
City-State-Zip: ORLANDO FL 32828

Title            VP  
Name            IMPARATO, FRANK  
Address        218 HERON ST.  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title            BOARD MEMBER  
Name            BLEDSOE, BYRON  
Address        2126 BLACK MANGROVE DR.  
City-State-Zip: ORLANDO FL 32828

Title            BOARD MEMBER  
Name            DEMOTT, CASEY  
Address        2325 BRIXHAM AVE  
City-State-Zip: ORLANDO FL 32828

Title            TREASURER  
Name            GELM, KATHY  
Address        687 E. OSCEOLA RD.  
City-State-Zip: GENEVA FL 32732

Title            BOARD MEMBER  
Name            LONG, COURTNEY  
Address        3426 STERLING LAKE CIRCLE  
City-State-Zip: OVIEDO FL 32765

Title            BOARD MEMBER  
Name            COOLEY, MICHELLE  
Address        1007 ALBAMONTE CT  
City-State-Zip: OVIEDO FL 32765

*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: LACEY DEMOTT**

**SECRETARY**

**02/02/2021**

Electronic Signature of Signing Officer/Director Detail

Date