

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000010408

**FILED**  
**Aug 03, 2017**  
**Secretary of State**  
**CC2452100810**

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

**Current Principal Place of Business:**

2325 BRIXHAM AVE.  
ORLANDO, FL 32828

**Current Mailing Address:**

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

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

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

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

Title D  
Name DEMMON, JACOB  
Address 2841 SUNNY DR.  
City-State-Zip: MIMS FL 32754

Title D  
Name MCCHESENEY, STEVE  
Address 14680 YORKSHIRE RUN DR.  
City-State-Zip: ORLANDO FL 32828

*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**

**08/03/2017**

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

\_\_\_\_\_  
Date