

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

DOCUMENT# N16000011137

**Entity Name:** EMBRACE COMMUNITY CENTER, INC.

**Current Principal Place of Business:**

6359 CLANCE RD  
KEYSTONE HEIGHTS, FL 32656

**Current Mailing Address:**

PO BOX 1180  
KEYSTONE HEIGHTS, FL 32656 US

**FEI Number: 81-4454637**

**Certificate of Status Desired: No**

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

BRYAN, KASSANDRA  
6359 CLANCE RD  
KEYSTONE HEIGHTS, FL 32656 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: KASSANDRA BRYAN**

**04/03/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title COO, VP, DIRECTOR  
Name BRYAN, ZACHARY W  
Address 6359 CLANCE RD  
City-State-Zip: KEYSTONE HEIGHTS FL 32656

Title CEO, PRESIDENT, DIRECTOR  
Name BRYAN, KASSANDRA S  
Address 6359 CLANCE RD  
City-State-Zip: KEYSTONE HEIGHTS FL 32656

Title DIRECTOR, TREASURER  
Name GILMORE, ROSEANN  
Address 294 SE 43RD STREET  
SUITE 100  
City-State-Zip: KEYSTONE HEIGHTS FL 32656

Title DIRECTOR, VETERAN AFFAIRS  
Name CONNOLLY, SEAN  
Address 294 SE 43RD STREET  
SUITE 100  
City-State-Zip: KEYSTONE HEIGHTS FL 32656

Title DIRECTOR, SECRETARY  
Name PELLERITO, MELISSA  
Address 294 SE 43RD STREET  
SUITE 100  
City-State-Zip: KEYSTONE HEIGHTS FL 32656

Title DIRECTOR  
Name MCCORMICK, KELLY  
Address 294 SE 43RD STREET  
SUITE 100  
City-State-Zip: KEYSTONE HEIGHTS FL 32656

Title DIRECTOR  
Name FRANKLIN, BARBARA  
Address 294 SE 43RD STREET  
SUITE 100  
City-State-Zip: KEYSTONE HEIGHTS FL 32656

Title DIRECTOR  
Name HUFFMAN, SMITTY  
Address 294 SE 43RD STREET  
SUITE 100  
City-State-Zip: KEYSTONE HEIGHTS FL 32656

*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: KASSANDRA BRYAN**

**PRESIDENT**

**04/03/2020**

Electronic Signature of Signing Officer/Director Detail

Date