

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

DOCUMENT# N18000006805

**Entity Name:** COACH VIC FOUNDATION INC.

**Current Principal Place of Business:**

17405 10TH STREET  
MONTVERDE, FL 34756

**Current Mailing Address:**

PO BOX 560276  
MONTVERDE, FL 34756 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

STEFANICI, CLAUDIA  
17405 10TH STREET  
MONTVERDE, FL 34756 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            DIR  
Name            STEFANICI, CLAUDIA  
Address        PO BOX 560276  
City-State-Zip: MONTVERDE FL 34756

Title            MANAGER  
Name            STEFANICI, ISAIAH  
Address        2130 RJ CIRCLE  
City-State-Zip: KISSIMMEE FL 34744

Title            MANAGER  
Name            STEFANICI, ELIJAH  
Address        2130 RJ CIRCLE  
City-State-Zip: KISSIMMEE FL 34744

Title            MANAGER  
Name            STEFANICI, JOSE  
Address        2130 RJ CIRCLE  
City-State-Zip: KISSIMMEE FL 34744

Title            TRES  
Name            WYNKOOP, JOE  
Address        PO BOX 560276  
City-State-Zip: MONTVERDE FL 34756

*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:** CLAUDIA STEFANICI

**DIRECTOR**

**06/26/2020**

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

\_\_\_\_\_  
Date