SIGNATURE	CATHERINE DAVEY, ESQ.			03/18/2025
	Electronic Signature of Registered Agent			Date
Officer/Dired	ctor Detail :			
Title	CHAIRMAN	Title	EXECUTIVE DIRECTOR	
Name	CULLEY, TROY	Name	BARNES, HEATHER JEAN	
Address	204 NORTH WYMORE RD.	Address	204 N. WYMORE ROAD	
City-State-Zip:	WINTER PARK FL 32789	City-State-Zip:	WINTER PARK FL 32789	
Title	DIRECTOR	Title	DIRECTOR	
Name	LEWIS, PATRICIA	Name	GOODMAN, JEFF	
Address	204 NORTH WYMORE RD.	Address	204 NORTH WYMORE RD.	
City-State-Zip:	WINTER PARK FL 32789	City-State-Zip:	WINTER PARK FL 32789	
Title	TREASURER	Title	DIRECTOR	
Name	SULTAN, ZAK	Name	STROMBECK, BEN	
Address	204 NORTH WYMORE RD.	Address	204 NORTH WYMORE RD.	
City-State-Zip:	WINTER PARK FL 32789	City-State-Zip:	WINTER PARK FL 32789	
Title	SECRETARY	Title	DIRECTOR	
Name	ELIASON, MARYBETH	Name	WHITING, CANDACE	
Address	204 NORTH WYMORE RD.	Address	204 NORTH WYMORE RD.	
City-State-Zip:	WINTER PARK FL 32789	City-State-Zip:	WINTER PARK FL 32789	
		Continues of	on page 2	

DAVEY, CATHERINE ESQ. 341 N. MAITLAND AVENUE SUITE 280

Entity Name: CENTRAL FLORIDA DOWN SYNDROME ASSOCIATION, INC.

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

204 NORTH WYMORE RD. WINTER PARK, FL 32789

DOCUMENT# N48876

Current Mailing Address:

204 NORTH WYMORE RD. WINTER PARK, FL 32789 US

FEI Number: 59-3124673

Name and Address of Current Registered Agent:

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: HEATHER BARNES

EXECUTIVE DIRECTOR 03/18/2025

Electronic Signature of Signing Officer/Director Detail

Date

FILED Mar 18, 2025 Secretary of State 5759884745CC

Certificate of Status Desired: No

Officer/Director Detail Continued :

Title	DIRECTOR
Name	MILLER, MARC
Address	204 NORTH WYMORE RD.
City-State-Zip:	WINTER PARK FL 32789