

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

DOCUMENT# N94000002058

**FILED**  
**Jan 10, 2017**  
**Secretary of State**  
**CC6167075182**

**Entity Name:** MAKE-A-WISH FOUNDATION OF CENTRAL AND NORTHERN FLORIDA, INC.

**Current Principal Place of Business:**

1020 N ORLANDO AVE  
SUITE 100  
MAITLAND, FL 32751

**Current Mailing Address:**

1020 N ORLANDO AVE  
SUITE 100  
MAITLAND, FL 32751 US

**FEI Number: 59-3235806**

**Certificate of Status Desired: Yes**

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

VROMAN, KATHRYN  
1020 N. ORLANDO AVE  
SUITE #100  
MAITLAND, FL 32751 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 & CEO  
Name           VROMAN, KATHRYN  
Address        1020 N. ORLANDO AVE, STE 100  
City-State-Zip: MAITLAND FL 32751

Title           BOARD CHAIR  
Name           HARRIS, MIKE  
Address        1020 N ORLANDO AVE  
                  SUITE 100  
City-State-Zip: MAITLAND FL 32751

Title           SECRETARY  
Name           SANDLER-STEINSHOUER, JEN  
Address        1020 N ORLANDO AVE  
                  SUITE 100  
City-State-Zip: MAITLAND FL 32751

Title           PROGRAM CHAIR  
Name           WILKENSON, ALLYSON  
Address        1020 N ORLANDO AVE  
                  SUITE 100  
City-State-Zip: MAITLAND FL 32751

Title           TREASURER  
Name           HERTZ, JEREMY  
Address        1020 N ORLANDO AVE  
                  SUITE 100  
City-State-Zip: MAITLAND FL 32751

Title           BOARD DEVELOPMENT, PAST CHAIR  
Name           QUARLES, CHRIS  
Address        1020 N ORLANDO AVE  
                  SUITE 100  
City-State-Zip: MAITLAND FL 32751

Title           CFO  
Name           AVILA, LEESA  
Address        1020 N ORLANDO AVE  
                  SUITE 100  
City-State-Zip: MAITLAND FL 32751

Title           FUNDRAISING CHAIR  
Name           CARGILL, TOM  
Address        1020 N ORLANDO AVE  
                  SUITE 100  
City-State-Zip: MAITLAND FL 32751

**Continues on page 2**

*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: KATHRYN VROMAN**

**PRESIDENT & CEO**

**01/10/2017**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title INCOMING CHAIR  
Name PECKHAM, DAVID  
Address 1020 N ORLANDO AVE  
SUITE 100  
City-State-Zip: MAITLAND FL 32751

Title MEDICAL ADISOR  
Name SRIKANTAN, SHOBA  
Address 1020 N ORLANDO AVE  
SUITE 100  
City-State-Zip: MAITLAND FL 32751