

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000002058

**FILED**  
**Jan 12, 2015**  
**Secretary of State**  
**CC0814197102**

**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 PAST BOARD CHAIR  
Name SZAFRANSKI, ROBERT  
Address 1020 N ORLANDO AVE  
SUITE 100  
City-State-Zip: MAITLAND FL 32751

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

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

Title SECRETARY  
Name FLAHERTY CLARK, KELLY  
Address 1020 N ORLANDO AVE  
SUITE 100  
City-State-Zip: MAITLAND FL 32751

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

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

Title BOARD DEVELOPMENT  
Name HERTZ, JEREMY  
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

**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**

**01/12/2015**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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

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