

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002058

FILED
Jan 09, 2018
Secretary of State
CC3247344139

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

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

Title PROGRAM CHAIR
Name KENNEDY, MATT
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 CHAIR
Name LAMORTE, DANIEL
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 ANDREATAS, NANCY
Address 1020 N ORLANDO AVE
 SUITE 100
City-State-Zip: MAITLAND FL 32751

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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: LEESA I AVILA

CFO

01/09/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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