

2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N97000001746

Entity Name: ASPIRE HEALTH PARTNERS FOUNDATION, INC.

Current Principal Place of Business:

5151 ADANSON STREET
ORLANDO, FL 32804

Current Mailing Address:

5151 ADANSON STREET
ORLANDO, FL 32804 US

FEI Number: 59-3425984

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ROBB, PAMELA M
214 NORTH 3RD STREET, SUITE B
LEESBURG, FL 34748 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 HANKEY, BABETTE
Address 5151 ADANSON STREET
City-State-Zip: ORLANDO FL 32804

Title CHAIRMAN
Name BRYAN, PAUL
Address 5151 ADANSON STREET
City-State-Zip: ORLANDO FL 32804

Title DIRECTOR
Name ROSSMAN, NANCY
Address 5151 ADANSON STREET
City-State-Zip: ORLANDO FL 32804

Title DIRECTOR
Name DEMPS, DENISE
Address 5151 ADANSON STREET
City-State-Zip: ORLANDO FL 32804

Title DIRECTOR
Name WILENSKY, LIN
Address 5151 ADANSON STREET
City-State-Zip: ORLANDO FL 32804

Title DIRECTOR
Name SEALY, DOUG
Address 5151 ADANSON STREET
City-State-Zip: ORLANDO FL 32804

Title TREASURER/SECRETARY
Name GRIFFITHS, SCOTT
Address 5151 ADANSON STREET
City-State-Zip: ORLANDO FL 32804

Title COO
Name DAMM, LINDA
Address 5151 ADANSON STREET
City-State-Zip: ORLANDO FL 32804

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: SCOTT GRIFFITHS

CAO

06/10/2020

Electronic Signature of Signing Officer/Director Detail

Date