# DOCUMENT# N97000001983

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

# Entity Name: CENTRAL PARK VILLAGE YOUTH SERVICES, INC.

## **Current Principal Place of Business:**

1320 E 9TH AVE TAMPA, FL 33605

## **Current Mailing Address:**

PO BOX 5238 TAMPA, FL 33675 US

# FEI Number: 59-3478148

# Name and Address of Current Registered Agent:

BENTLEY, MARK ESQUIRE 201 NORTH FRANKLIN STREET SUITE 2200 TAMPA, FL 33602 US Certificate of Status Desired: No

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

## **Officer/Director Detail :**

Unicen/Direc			
Title	PD	Title	VPD
Name	CAPITANO, JOSEPH SR	Name	MORRICK, RONALD J
Address	1302 N. 19TH ST., STE 300	Address	730 S. STERLING AVE, STE. 200
City-State-Zip:	TAMPA FL 33605	City-State-Zip:	TAMPA FL 33609
Title	SD	Title	D
Name	BENTLEY, MARK ESQUIRE	Name	HIGGINS, LAWRENCE
Address	201 N FRANKLIN ST, SUITE 2200	Address	5225 N HIMES AVE
City-State-Zip:	TAMPA FL 33602	City-State-Zip:	TAMPA FL 33614
Title	D	Title	D
Name	THOMAS, ROBERT	Name	ELLSASSER, ED
Address	40 RANCH RD	Address	5450 BEAUMONT CTR BLVD
City-State-Zip:	THONOTOSASSA FL 33592	City-State-Zip:	TAMPA FL 33634

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: JOSEPH CAPITANO SR
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PD

Date

Electronic Signature of Signing Officer/Director Detail