

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

DOCUMENT# N97000001983

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

**Current Principal Place of Business:**

1320 E 9TH AVE  
TAMPA, FL 33605

**FILED**  
**Apr 26, 2017**  
**Secretary of State**  
**CC1661538765**

**Current Mailing Address:**

PO BOX 5238  
TAMPA, FL 33675 US

**FEI Number: 59-3478148**

**Certificate of Status Desired: No**

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

BENTLEY, MARK ESQUIRE  
201 NORTH FRANKLIN STREET  
SUITE 2200  
TAMPA, FL 33602 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 PD  
Name CAPITANO, JOSEPH SR  
Address 1302 N. 19TH ST., STE 300  
City-State-Zip: TAMPA FL 33605

Title VPD  
Name MORRICK, RONALD J  
Address 730 S. STERLING AVE, STE. 200  
City-State-Zip: TAMPA FL 33609

Title SD  
Name BENTLEY, MARK ESQUIRE  
Address 201 N FRANKLIN ST, SUITE 2200  
City-State-Zip: TAMPA FL 33602

Title D  
Name HIGGINS, LAWRENCE  
Address 5225 N HIMES AVE  
City-State-Zip: TAMPA FL 33614

Title D  
Name THOMAS, ROBERT  
Address 40 RANCH RD  
City-State-Zip: THONOTOSASSA FL 33592

*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**

**P**

**04/26/2017**

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

\_\_\_\_\_  
Date