

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000001983

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

**Current Principal Place of Business:**

2000 E 11TH AVE  
1ST FLOOR  
TAMPA, FL 33605

**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	PO BOX 5238
City-State-Zip:	TAMPA FL 33675
Title	SD
Name	BENTLEY, MARK ESQUIRE
Address	201 N FRANKLIN ST, SUITE 2200
City-State-Zip:	TAMPA FL 33602

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

**PD**

**04/30/2024**

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

\_\_\_\_\_  
Date