

**2022 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02000000016

**Entity Name:** THE CHATLOS FOUNDATION, INC.

**Current Principal Place of Business:**

710 MIAMI SPRINGS DR.  
LONGWOOD, FL 32779

**Current Mailing Address:**

PO BOX 915048  
LONGWOOD, FL 32791-5048

**FEI Number: 13-6161425**

**Certificate of Status Desired: Yes**

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

MORGAN, CHARLES OJR.  
2121 PONCE DE LEON BLVD., SUITE 900  
CORAL GABLES, FL 33134 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 CD  
Name RANDLE, KATHRYN  
Address 757 SEA SHORE RD.  
City-State-Zip: CAPE MAY NJ 08204

Title PD  
Name CHATLOS, WILLIAM J  
Address 201 RIVERVIEW DR.  
City-State-Zip: LONGWOOD FL 32779

Title DT  
Name RANDOM, CINDEE  
Address 10695 WREN RIDGE ROAD  
City-State-Zip: ALPHARETTA GA 30022

Title D  
Name MORGAN, JR., CHARLES O  
Address 2121 PONCE DE LEON BLVD., SUITE 900  
City-State-Zip: CORAL GABLES FL 33134

Title DVS  
Name ROACH, MICHELE  
Address 132 HONORS WAY  
City-State-Zip: WINTER SPRINGS FL 32708

Title DV  
Name WILLIAM, CHATLOS III  
Address 104 COVE LAKE DRIVE  
City-State-Zip: LONGWOOD FL 32779

*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: WILLIAM J. CHATLOS**

**PRESIDENT**

**02/02/2022**

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

\_\_\_\_\_  
Date