

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000004182

**FILED**  
**Apr 22, 2013**  
**Secretary of State**  
**CC2823119052**

**Entity Name:** COMMUNITY FOUNDATION OF EAST CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

253 HAZELTINE DR.  
DEBARY, FL 32713

**Current Mailing Address:**

P.O. BOX 523  
DELAND, FL 32721-0523 US

**FEI Number: 59-3663309**

**Certificate of Status Desired: Yes**

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

SCHMELLYCK, NITA  
253 HAZELTINE DR.  
DEBARY, FL 32713 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            CEO  
Name            SCHMELLYCK, NITA  
Address        253 HAZELTINE DR.  
City-State-Zip: DEBARY FL 32713

Title            PD  
Name            BURTON, ALAN  
Address        915 OCEAN SHORE BLVD SUITE 707  
City-State-Zip: ORMOND BEARCH FL 32176

Title            VPD  
Name            WARD, RANDALL  
Address        17 WILDWOOD TRAIL  
City-State-Zip: ORMOND BEACH FL 32174

Title            D, DIRECTOR  
Name            CLARK, LAURA LEE  
Address        466 FORT FLORIDA RD  
City-State-Zip: DEBARY FL 32713

Title            TREASURER, DIRECTOR  
Name            HARDESTY, KATHY  
Address        795 TORCHWOOD DR  
City-State-Zip: DELAND FL 32724

Title            DIRECTOR  
Name            MAHONEY, DIANE  
Address        605 VIA CHRIS COURT  
City-State-Zip: DEBARY FL 32713

Title            DIRECTOR  
Name            PENDER, CRAIG  
Address        534 WOODFORD DR  
City-State-Zip: DEBARY FL 32713

Title            SECRETARY, DIRECTOR  
Name            BROOKS-THOMPSON, LISA  
Address        129 HAGGLE DR  
City-State-Zip: DAYTONA BEACH FL 32124

**Continues on page 2**

*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: NITA SCHMELLYCK**

**PRES/CEO**

**04/22/2013**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            DEMOS, DEAN  
Address        6 BRIGGS DR  
City-State-Zip: ORMOND BEACH FL 32176