

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004182

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

FILED
Apr 01, 2014
Secretary of State
CC7394664466

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: No

Name and Address of Current Registered Agent:

SCHMELICK, 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 SCHMELICK, 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 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

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: KATHY M HARDESTY

TREASURER

04/01/2014

Electronic Signature of Signing Officer/Director Detail

Date