#### 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004182

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

FILED
Mar 02, 2015
Secretary of State
CC5248874321

## **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:

SCHMELLICK, 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	Title	VPD

NameSCHMELLICK, NITANameWARD, RANDALLAddress253 HAZELTINE DR.Address17 WILDWOOD TRAIL

City-State-Zip: DEBARY FL 32713 City-State-Zip: ORMOND BEACH FL 32174

Title TREASURER, DIRECTOR Title DIRECTOR

NameHARDESTY, KATHYNameMAHONEY, DIANEAddress795 TORCHWOOD DRAddress605 VIA CHRIS COURTCity-State-Zip:DELAND FL 32724City-State-Zip:DEBARY FL 32713

TitleDIRECTORTitleSECRETARY, DIRECTORNamePENDER, CRAIGNameBROOKS-THOMPSON, LISA

Address 534 WOODFORD DR Address 129 HAGGLE DR

City-State-Zip: DEBARY FL 32713 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 HARDESTY

Electronic Signature of Signing Officer/Director Detail

TRESURER

03/02/2015