

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000004182

**FILED**  
**Apr 07, 2017**  
**Secretary of State**  
**CC1700256557**

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

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

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

Title           SECRETARY  
Name           CULVER, TRACIA  
Address        141 SHERIDAN RD  
City-State-Zip: DAYTONA BEACH FL 32114

Title           DEVELOPMENT DIRECTOR  
Name           WINKLER, JAMES  
Address        806 HNESEL HILL RD WEST  
City-State-Zip: PORT ORANGE FL 32127

Title           DIRECTOR  
Name           CAMERON, JAMES  
Address        335 BUCKNELL DR  
City-State-Zip: DAYTONA BEACH FL 32118

Title           DIRECTOR  
Name           OKEY, ANDREW  
Address        519 S RIDGEWOOD AVE  
City-State-Zip: DAYTONA BEACH FL 32114-4929

Title           DIRECTOR  
Name           WEBB, CATHY  
Address        218 LYNNHURST DR  
City-State-Zip: ORMOND BEACH FL 32164

*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: ANDREW OKEY**

**DIRECTOR**

**04/07/2017**

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

\_\_\_\_\_  
Date