

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

DOCUMENT# N11000011320

**Entity Name:** ENVIRO COMMUNITY LIVING CENTER INC.

**Current Principal Place of Business:**

3690 W GANDY BLV.  
412  
TAMPA, FL 33611

**FILED**  
**Apr 04, 2017**  
**Secretary of State**  
**CC8198242355**

**Current Mailing Address:**

1889 PUG ROAD  
SAINT CLAIR, MI 48079 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: Yes**

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

BERSH, DANIEL  
7702 PALMERA POINTE CIRCLE SUIT 101  
TAMPA, FL 33615 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           PTS  
Name           BERSH, DANIEL  
Address       7702 PALMERA POINTE CIRCLE SUIT  
                  101  
City-State-Zip: TAMPA FL 33615

Title           D  
Name           SULLIVAN, PATRIC W  
Address       1600 58TH ST SOUTH  
City-State-Zip: SAINT PETE FL 33707

Title           D  
Name           SITT, TOMMY  
Address       8804 NORTHWEST 38 DRIVE #2  
City-State-Zip: CORRAL SPRINGS FL 33065

Title           D  
Name           OVERTON, ARON  
Address       7 COMMON TRAIL  
City-State-Zip: TRAVELERS REST SC 29690

Title           DIRECTOR  
Name           GEARHART, CHRISOPHER P  
Address       4871 LORWOOD DRIVE  
City-State-Zip: KINBALL MI 48074

Title           DIRECTOR  
Name           MAXWELL, KHRIS  
Address       1889 PUG ROAD  
City-State-Zip: ST. CLAIRE MI 48079

Title           DIRECTOR  
Name           DANIEL, ANDREA SAMANTHA MISS  
Address       7702 PALMERA POINTE CIRCLE SUIT  
                  101  
City-State-Zip: TAMPA FL 33615

*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: DANIEL BERSH**

**PRESIDENT**

**04/04/2017**

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

\_\_\_\_\_  
Date