

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 753175

**Entity Name:** THE CENTRAL FLORIDA CHAPTER OF THE AMERICAN  
MARKETING ASSOCIATION, INC.**Current Principal Place of Business:**8131 CHELSWORTH DR  
ORLANDO, FL 32835**Current Mailing Address:**8131 CHELSWORTH DR  
ORLANDO, FL 32835 US**FEI Number: 59-2027963****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BYRNE, JOHN  
4569 BARRISTER DR  
CLERMONT, FL 34711 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: JOHN BYRNE

03/29/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                    |
|-----------------|--------------------|
| Title           | PRESIDENT          |
| Name            | DEL AMO, MARIA     |
| Address         | 8131 CHELSWORTH DR |
| City-State-Zip: | ORLANDO FL 32835   |

|                 |                      |
|-----------------|----------------------|
| Title           | VP                   |
| Name            | DELEON, KATRINA      |
| Address         | 1806 HAMMERLIN AVE   |
| City-State-Zip: | WINTER PARK FL 32789 |

|                 |                             |
|-----------------|-----------------------------|
| Title           | SECRETARY                   |
| Name            | MIRANDA, MARCI              |
| Address         | 6881 KINGSPONTE PKWY<br>#12 |
| City-State-Zip: | ORLANDO FL 32819            |

|                 |                      |
|-----------------|----------------------|
| Title           | VP                   |
| Name            | COSSIN, KEN          |
| Address         | 3300 UNIVERSITY BLVD |
| City-State-Zip: | WINTER PARK FL 32792 |

|                 |                    |
|-----------------|--------------------|
| Title           | TREASURER          |
| Name            | BYRNE, JOHN        |
| Address         | 4569 BARRISTER DR. |
| City-State-Zip: | CLERMONT FL 34711  |

*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: JOHN BYRNE

TREASUREER

03/29/2016

Electronic Signature of Signing Officer/Director Detail

Date