

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000004924

Entity Name: CENTRAL FLORIDA COMMUNITY ARTS, INC.

Current Principal Place of Business:

250 SW IVANHOE BLVD
ORLANDO, FL 32804

Current Mailing Address:

PO BOX 720517
ORLANDO, FL 32872-0517

FEI Number: 45-2324172

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HUNTER, TERRANCE
409 SUMMIT RIDGE PLACE APT 311
LONGWOOD, FL 32779 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: TERRANCE HUNTER

02/28/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CEO
Name HUNTER, TERRANCE
Address 409 SUMMIT RIDGE PLACE APT 311
City-State-Zip: LONGWOOD FL 32779

Title DIRECTOR
Name EVANS, SCOTT
Address 155 S. COURT AVENUE
 UNIT 1610
City-State-Zip: ORLANDO FL 32801

Title CHAIRMAN
Name GUTHRIE, JESSICA
Address 1504 DRUID ISLE RD
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR
Name MOORE, JEFFREY
Address 10573 FAIRHAVEN WAY
City-State-Zip: ORLANDO FL 32825

Title DIRECTOR
Name HURCKES, ELISABETH
Address 1960 MEETING PLACE
City-State-Zip: ORLANDO FL 32814

Title DIRECTOR
Name MOSS, GARY
Address 417 SOUTH PHELPS AVE
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR
Name DIXON, JENNIFER
Address 258 KENTUCKY BLUE CIRCLE
City-State-Zip: APOPKA FL 32712

Title DIRECTOR
Name LOTT, ROB
Address 8632 WELLINGTON BLUE LN
City-State-Zip: WINDERMERE FL 34786

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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: TERRANCE HUNTER

CEO

02/28/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title TREASURER
Name JACKSON, LYNETTE
Address 801 DEAUVILLE DR
City-State-Zip: ORLANDO FL 32808

Title DIRECTOR
Name ESKAMANI, ANNA
Address 126 N MILLS AVE
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name OSBORNE, SARA
Address 1414 S KUHL AVE
City-State-Zip: ORLANDO FL 32806

Title DIRECTOR
Name PREST, JED
Address 706 TAM O SHANTER DR
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR
Name BUDVARSON, MEGHAN
Address 2129 PINE TREE DR
City-State-Zip: EDGEWATER FL 32141

Title DIRECTOR
Name FEIVOU, JACK
Address 7614 TANGERINE KNOLL LOOP
City-State-Zip: WINTER GARDEN FL 34787

Title DIRECTOR
Name SOUSA-LAZABALLET, LUIS
Address 4813 FORT LEE COURT
City-State-Zip: ORLANDO FL 32822

Title DIRECTOR
Name MA'AT, ESU
Address 10874 SUNSET RIDGE LN
City-State-Zip: ORLANDO FL 32832