

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000004924

FILED
Apr 16, 2018
Secretary of State
CC3248087751

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:

VICKERY, JOSHUA
6212 SUNNYVALE DR
ORLANDO, FL 32822 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: JOSHUA VICKERY

04/16/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	EXECUTIVE DIRECTOR
Name	VICKERY, JOSHUA
Address	6212 SUNNYVALE DR
City-State-Zip:	ORLANDO FL 32822
Title	CHAIRMAN
Name	BRADY, SARA
Address	929 GARDEN DR
City-State-Zip:	WINTER PARK FL 32789
Title	DIRECTOR
Name	COLE, BRENDA
Address	8241 MARBELLA VIEW COURT
City-State-Zip:	ORLANDO FL 32817
Title	DIRECTOR
Name	BARRIOS, CARLOS
Address	4519 ANSON LN
City-State-Zip:	ORLANDO FL 32814

Title	TREASURER
Name	BOSCO, DEAN
Address	3513 PINETREE RD
City-State-Zip:	ORLANDO FL 32804
Title	DIRECTOR
Name	SUMMERS, STEPHEN
Address	1627 E CENTRAL BLVD
City-State-Zip:	ORLANDO FL 32803
Title	DIRECTOR
Name	EVANS, SCOTT
Address	155 S. COURT AVENUE UNIT 1610
City-State-Zip:	ORLANDO FL 32801
Title	DIRECTOR
Name	BOWDEN, JIM
Address	630 VASSAR ST UNIT #2409
City-State-Zip:	ORLANDO FL 32804

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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: JOSHUA VICKERY

EXECUTIVE DIRECTOR

04/16/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name FULLER, VICKI
Address 2353 HUNTERFIELD 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 YEE, DAN
Address 15513 PEBBLE RIDGE ST
City-State-Zip: WINTER GARDEN FL 34787

Title DIRECTOR
Name RECCIA BROWN, MARY
Address 380 DOUGLAS EDWARD DR
City-State-Zip: ORLANDO FL 34761

Title DIRECTOR
Name WHEELER, DAVID
Address 1311 W CONCORD ST
City-State-Zip: ORLANDO FL 32805

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

Title DIRECTOR
Name PALMER, MARY DR.
Address 11410 SWIFT WATER CIR
City-State-Zip: ORLANDO FL 32817

Title DIRECTOR
Name CALDWELL, BARBARA
Address 2423 S ORANGE AVE, STE 303
City-State-Zip: ORLANDO FL 32806

Title DIRECTOR
Name SHEPHERD, CHRIS
Address 310 RICHARD PL
City-State-Zip: ORLANDO FL 32806

Title DIRECTOR
Name LEWIS, KRIS
Address 100 S EOLA DR #1205
City-State-Zip: ORLANDO FL 32801