

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000004924

**FILED**  
**Mar 07, 2014**  
**Secretary of State**  
**CC7944337920**

**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  
6214 SUNNYVALE DR  
UNIT 1  
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

03/07/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name VICKERY, JOSHUA  
Address 6214 SUNNYDALE DR  
UNIT 1  
City-State-Zip: ORLANDO FL 32822

Title DIRECTOR  
Name COLE, JONATHAN  
Address 8241 MARBELLA VIEW COURT  
City-State-Zip: ORLANDO FL 32817

Title SECRETARY  
Name CURTO, DEANNE  
Address 2309 SUMMERFIELD ROAD  
City-State-Zip: WINTER PARK FL 32792

Title DIRECTOR  
Name MATTINGLEY, SARAH  
Address 1344 BLACK WILLOW TRAIL  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR  
Name CATLETT, MARK  
Address 4979 POPLOPEN LN  
City-State-Zip: ORLANDO FL 32839

Title DIRECTOR  
Name LOTT, ROB  
Address 2999 MALLORY CIRCLE  
#9208  
City-State-Zip: KISSIMMEE FL 34747

Title DIRECTOR  
Name CASTANER, JULIE  
Address 1328 CULVER RD  
City-State-Zip: ORLANDO FL 32825

Title CHAIRMAN  
Name FAULKENBERRY, CHAD  
Address 1712 TEALBRIAR AVE  
City-State-Zip: OVIEDO FL 32765

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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:** LESLEY GREENSLADE

**SR. DIRECTOR OF  
FINANCE & ACCOUNTING**

03/07/2014

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name THOMPSON, PATRICK  
Address 112 ORANGE AVE  
City-State-Zip: DAYTONA FL 32114

Title TREASURER  
Name BOSCO, DEAN  
Address PO BOX 720517  
City-State-Zip: ORLANDO FL 32872-0517

Title DIRECTOR  
Name RECCHIA BROWN, MARY  
Address 7973 S. PARK PLACE  
City-State-Zip: ORLANDO FL 32819

Title DIRECTOR  
Name BRADY, SARA  
Address PO BOX 720517  
City-State-Zip: ORLANDO FL 32872-0517