

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000004924

FILED
Aug 01, 2016
Secretary of State
CC0468437175

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: Yes

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

08/01/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title EXECUTIVE DIRECTOR
Name VICKERY, JOSHUA
Address 6212 SUNNYDALE DR
City-State-Zip: ORLANDO FL 32822

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

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

Title TREASURER
Name BOSCO, DEAN
Address 2937 OBERLIN AVE
City-State-Zip: ORLANDO FL 32804

Title CHAIRMAN
Name BRADY, SARA
Address 929 GARDEN DR
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR
Name MAGANA, KRISTEN
Address 4351 ANSON LN #305
City-State-Zip: ORLANDO FL 32814

Title DIRECTOR
Name SUMMERS, STEPHEN
Address 1627 E CENTRAL BLVD
City-State-Zip: ORLANDO FL 32803

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

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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

08/01/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title OTHER, CO-FOUNDER AND BOARD EMERITUS
Name COLE, JONATHON
Address 529 SOUTH MISSOURI AVE
City-State-Zip: BELLEVILLE FL 62220

Title DIRECTOR
Name SAUNDERS, JOE
Address 567 GLASTONBURY DRIVE
City-State-Zip: ORLANDO FL 32825

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