

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000002682

Entity Name: CENTRAL FLORIDA FAMILY LAW INN, INC.**Current Principal Place of Business:**1416 E. CONCORD STREET
ORLANDO, FL 32803**Current Mailing Address:**1416 E. CONCORD STREET
ORLANDO, FL 32803**FEI Number:** 47-1017104**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STAGGS, SUSAN
1416 E. CONCORD STREET
ORLANDO, FL 32803 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name EVANS, ROBERT
Address 618 E. SOUTH STREET
SUITE 500
City-State-Zip: ORLANDO FL 32801

Title PRESIDENT
Name FRANK, JENNIFER
Address 815 ORIENTA AVENUE, SUITE 1030
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title TREASURER
Name CALDWELL-CARR, LORI
Address 557 N. WYMORE RD
SUITE 100
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR
Name MARTELL, JOSHUA
Address 1416 E. CONCORD STREET
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR
Name WEBER, NANCY S
Address 1217 MOUNT VERNON STREET
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR
Name O'MARA, MARK L M
Address 1416 EAST CONCORD STREET
City-State-Zip: ORLANDO FL 32803

Title OFFICER
Name WINDLE, ANDREW
Address 4767 NEW BROAD STREET
City-State-Zip: ORLANDO FL 32814

Title DIRECTOR
Name KELLER, INGRID
Address 213 SOUTH DILLARD
SUITE110
City-State-Zip: WINTER GARDEN FL 34787

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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: LORI CALDWELL-CARR**TREASURER****06/12/2015**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name PINDER-RODRIGUEZ, HEATHER HON
Address 425 N. ORANGE AVENUE
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name SIMON, JONATHAN
Address 618 E. SOUTH STREET
SUITE 500
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name ARENDAS, CHRISTINE
Address 1516 E. COLONIAL DRIVE
SUITE 200
City-State-Zip: ORLANDO FL 32803