

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000008229

**Entity Name:** CENTRAL FLORIDA NORML INC.**Current Principal Place of Business:**1714 E 7TH AVE  
TAMPA, FL 33605**Current Mailing Address:**1714 E 7TH AVE  
TAMPA, FL 33605 US**FEI Number:** 47-1806243**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CANO, CHRISTOPHER C  
1529 WEST RIVER LANE  
TAMPA, FL 33603 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	EXECUTIVE DIRECTOR
Name	CANO, CHRISTOPHER
Address	1529 WEST RIVER LANE
City-State-Zip:	TAMPA FL 33603

Title	DEPUTY DIRECTOR
Name	HERMIDA, CARLOS
Address	2723 WEST HENRY AVE
City-State-Zip:	TAMPA FL 33614

Title	DIRECTOR OF FINANCE
Name	LEWIS, TIFFANY LYNN
Address	5415 DECATUR ST
City-State-Zip:	ORLANDO FL 32807

Title	DIRECTOR OF PUBLIC POLICY
Name	STEIN, GARY J
Address	7035 BELT LINK LOOP
City-State-Zip:	WESLEY CHAPEL FL 33545

*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:** TIFFANY LEWIS**FINANCIAL DIRECTOR****01/07/2023**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date