

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000008229

Entity Name: CENTRAL FLORIDA NORML INC.**Current Principal Place of Business:**2723 WEST HENRY AVE
TAMPA, FL 33614**Current Mailing Address:**2723 WEST HENRY AVE
TAMPA, FL 33614 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

Title	DIRECTOR OF EVENTS AND MARKETING
Name	SHINN, CARLA
Address	12460 ROSE ST #15
City-State-Zip:	SEMINOLE FL 33772

Title	DIRECTOR OF COMMUNICATIONS
Name	THOMPSON, MICHAEL
Address	228 PAINE DR
City-State-Zip:	WINTER HAVEN FL 33884

Title	EXECUTIVE SECRETARY
Name	BOLDT, AARON CHARLES
Address	PO BOX 8227
City-State-Zip:	SEMINOLE FL 33775

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**FINANCE DIRECTOR****06/28/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date