

**2022 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 33603Title DEPUTY DIRECTOR  
Name HERMIDA, CARLOS  
Address 2723 WEST HENRY AVE  
City-State-Zip: TAMPA FL 33614Title DIRECTOR OF FINANCE  
Name LEWIS, TIFFANY LYNN  
Address 5415 DECATUR ST  
City-State-Zip: ORLANDO FL 32807Title 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****01/31/2022**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date