

2017 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 EXECUTIVE SECRETARY
Name ALFARO, VERONICA AZUCENA
Address 1507 S DE SOTO AVE
#16
City-State-Zip: TAMPA FL 33606

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

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: CHRISTOPHER C. CANO

EXECUTIVE DIRECTOR

08/31/2017

Electronic Signature of Signing Officer/Director Detail

Date