

2016 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:** No**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	E.D.
Name	CANO, CHRIS
Address	1529 WEST RIVER LANE
City-State-Zip:	TAMPA FL 33603
Title	D.M.
Name	BURT, CLIFF
Address	10438 ASHLEY OAKS DV
City-State-Zip:	RIVERVIEW FL 33578
Title	T.
Name	JONES, MORRIS
Address	3433 LITHIA PINECREST RD
City-State-Zip:	VALRICO FL 33596
Title	EXECUTIVE SECRETARY
Name	ALEXEI NOVITZKY
Address	4513 N FLORIDA AVE
City-State-Zip:	TAMPA FL 33603

Title	D.D.
Name	HERMIDA, CARLOS
Address	705 NW 177 AVE
City-State-Zip:	PEMBROKE PINES FL 33029
Title	D.C.
Name	JAUREGUI, ALBERTO
Address	5194 SUNRIDGE PALMSX DRIVE
City-State-Zip:	TAMPA FL 33617
Title	DIRECTOR OF EVENTS
Name	RHONDA ABDALLA
Address	5621 PINNACLE HEIGHTS CIRCLE UNIT 202
City-State-Zip:	TAMPA FL 33624

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: CARLOS JOSE ANGEL HERMIDA**DEPUTY DIRECTOR****05/04/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date