

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000002600

Entity Name: CENTRAL FLORIDA LIVERY ASSOCIATION, INC**Current Principal Place of Business:**107 FRANKLYN AVE
SUITE A
INDIALANTIC, FL 32903**Current Mailing Address:**P.O. BOX 33041
INDIALANTIC, FL 32903 US**FEI Number: 81-2677485****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**KLEEFISCH, WENDY
107 FRANKLYN AVE
SUITE A
INDIALANTIC, FL 32903 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	P
Name	KLEEFISCH, WENDY D
Address	P.O. BOX 33041
City-State-Zip:	INDIALANTIC FL 32903

Title	DIRECTOR
Name	MOULTON, GREG A
Address	6427 MILNER ROAD SUITE 3
City-State-Zip:	ORLANDO FL 32809

Title	T
Name	WHITE, BARBARA J
Address	PO BOX 617556
City-State-Zip:	ORLANDO FL 32861

Title	B
Name	MOHAMMAD , SAJJAD
Address	14140 BOGGY CREEK RD
City-State-Zip:	ORLANDO FL 32824

Title	VP
Name	PALIE, GREG N
Address	P.O. BOX 770883
City-State-Zip:	ORLANDO FL 32877

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: BARBARA J WHITE**TREASURER****03/22/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date