

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000011877

Entity Name: IBUILDCENTRALFLORIDA, INC.

Current Principal Place of Business:

618 N WYMORE ROAD
WINTER PARK, FL 32789

Current Mailing Address:

618 N WYMORE ROAD
WINTER PARK, FL 32789 US

FEI Number: 81-4692508

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RODRIGUEZ, DEBBIE M
618 N WYMORE ROAD
WINTER PARK, FL 32789 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 DIRECTOR
Name BRYANT, LAURIE
Address 618 N WYMORE ROAD
City-State-Zip: WINTER PARK FL 32789

Title SECRETARY
Name BLACKWELL, KATHIE
Address 618 N WYMORE ROAD
City-State-Zip: WINTER PARK FL 32789

Title TREASURER
Name HIGHLAND, ANGELA
Address 71 N. WINTER PARK DR.
City-State-Zip: CASSELBERRY FL 32707

Title PRESIDENT
Name RODRIGUEZ, DEBBIE M.
Address 410 SONGBIRD WAY
City-State-Zip: APOPKA FL 32712

Title VP
Name DAVIDSON, CRYSTAL
Address 955 E STORY ROAD
City-State-Zip: WINTER GARDEN FL 34787

Title DIRECTOR
Name THOMAS, NOBLE
Address 618 N WYMORE ROAD
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR
Name ARMBRUSTER, MICHAEL DR.
Address 445 W AMELIA STREET
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name STEFANOWICZ, MELANIE
Address 817 BILL BECK BLVD.
City-State-Zip: KISSIMMEE FL 34744

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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: ANGELA HIGHLAND

TREASURER

02/26/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HAGOOD, TARA
Address 618 N WYMORE ROAD
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR
Name CRAFT, TINA
Address 618 N WYMORE ROAD
City-State-Zip: WINTER PARK FL 32789