

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000011877

**FILED**  
**Jan 27, 2021**  
**Secretary of State**  
**1460252164CC**

**Entity Name:** IBUILDCENTRALFLORIDA, INC.

**Current Principal Place of Business:**

531 SOUTH STATE ROAD 434  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

531 SOUTH STATE ROAD 434  
ALTAMONTE SPRINGS, FL 32714 US

**FEI Number: 81-4692508**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

RODRIGUEZ, DEBBIE M  
531 SOUTH STATE ROAD 434  
ALTAMONTE SPRINGS, FL 32714 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 531 SOUTH STATE ROAD 434  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title SECRETARY  
Name BLACKWELL, KATHIE  
Address 531 SOUTH STATE ROAD 434  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

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 BURDETTE, TIMOTHY  
Address 531 SOUTH STATE ROAD 434  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR  
Name HUGHES, MARK  
Address 531 SOUTH STATE ROAD 434  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title TREASURER  
Name CRAFT, TINA  
Address 531 SOUTH STATE ROAD 434  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR  
Name WEISSMAN, LYNNEA  
Address 531 SOUTH STATE ROAD 434  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

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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: DEBBIE RODRIGUEZ**

**FOUNDER**

**01/27/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name FIELDS, TAMARAH  
Address 531 SOUTH STATE ROAD 434  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR  
Name ORDONEZ, JESUS  
Address 531 SOUTH STATE ROAD 434  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR  
Name MILLER, STEVE  
Address 531 SOUTH STATE ROAD 434  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR  
Name BRYD, MELISSA  
Address 531 SOUTH STATE ROAD 434  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR  
Name MARTINEZ, CHERRY  
Address 531 SOUTH STATE ROAD 434  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR  
Name BENNETT, JULIE  
Address 531 SOUTH STATE ROAD 434  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR  
Name TANNER, SELENA  
Address 531 SOUTH STATE ROAD 434  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR  
Name FLATLEY, MIMI  
Address 531 SOUTH STATE ROAD 434  
City-State-Zip: ALTAMONTE SPRINGS FL 32714