

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 20, 2018

Secretary of State

CC9065711094

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 MCCREE-BODINE, CINDY
Address 500 EAST PRINCETON STREET
City-State-Zip: ORLANDO FL 32803

Title SECRETARY
Name HIGHLAND, ANGELA M
Address 921 LEXINGTON PARKWAY
#25
City-State-Zip: N16000011877 FL 32712

Title TREASURER
Name MERCED, NANCY
Address 1416 CHISHOLM RIDGE COURT
City-State-Zip: ST. CLOUD FL 34771

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 VOSS, DANIEL
Address 5401 ENERGY AIR COURT
City-State-Zip: ORLANDO FL 32810

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: NANCY MERCED

TREASURER

02/20/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name ROJAS, JAVIER
Address 1800 DENN JOHN LANE
City-State-Zip: KISSIMMEE FL 34744

Title DIRECTOR
Name HIGHTOWER, TERRANCE
Address 390 N ORANGE AVE.
 SUITE 700
City-State-Zip: ORLANDO FL 32807