

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000325

Entity Name: CENTRAL FLORIDA GLIDERS, INC.**Current Principal Place of Business:**1001 WOODALL DRIVE
ALTAMONTE SPRINGS, FL 32714**Current Mailing Address:**PO BOX 161965
ALTAMONTE SPRINGS, FL 32716**FEI Number:** 59-3157281**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WISE, CRAIG D
1001 WOODALL DRIVE
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	ED
Name	WISE, CRAIG D
Address	1001 WOODALL DR
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	D
Name	ROBINSON, MARK
Address	681 OAK HOLLOW WAY
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	D
Name	JACKSON, TIM
Address	1397 S RIDGELAKE CIRCLE
City-State-Zip:	LONGWOOD FL 32750

Title	S
Name	TRUCHELUT, GENE
Address	3524 SEAFORD LANE
City-State-Zip:	CASTLEBERRY FL 32707

Title	T
Name	PEREIRA, LUIS
Address	9437 BELMONT TERRACE
City-State-Zip:	OVEIDO FL 32765

Title	D
Name	BURGOS, ANTONIO
Address	603 BRYAN CT
City-State-Zip:	ALTAMONTE SPRINGS FL 32701

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: CRAIG D. WISE**EXECUTIVE DIRECTOR****01/11/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date