

2021 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:** Yes**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	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	359 FITZHUGH ROAD
City-State-Zip:	WINTER PARK FL 32792

Title	VP
Name	WISE, ANNETTE COATES
Address	1001 WOODALL DRIVE
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

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 DORSEY WISE**EXECUTIVE DIRECTOR****01/27/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date