

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002312

Entity Name: CENTRAL FLORIDA FOUNDATION, INC.**Current Principal Place of Business:**800 N MAGNOLIA AVE
STE 1200
ORLANDO, FL 32803**Current Mailing Address:**800 N MAGNOLIA AVE
STE 1200
ORLANDO, FL 32803 US**FEI Number:** 59-3182886**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BREWER, MARK
800 N MAGNOLIA AVE
STE 1200
ORLANDO, FL 32803 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	TD
Name	RAWLS, KAKI
Address	800 N MAGNOLIA AVE STE 1200
City-State-Zip:	ORLANDO FL 32803

Title	PD
Name	BREWER, MARK
Address	800 N MAGNOLIA AVE STE 1200
City-State-Zip:	ORLANDO FL 32803

Title	VC
Name	ARMSTRONG, WAYMON
Address	800 N MAGNOLIA AVE STE 1200
City-State-Zip:	ORLANDO FL 32803

Title	SE, SECRETARY
Name	SANCHEZ, THOMASA
Address	800 N MAGNOLIA AVE STE 1200
City-State-Zip:	ORLANDO FL 32803

Title	CHA
Name	THOMSOM, ROBERT F
Address	800 N MAGNOLIA AVE STE 1200
City-State-Zip:	ORLANDO FL 32803

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: MARK BREWER

PD/CEO

01/20/2016

Electronic Signature of Signing Officer/Director Detail_____
Date