

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003060

Entity Name: CENTRAL FLORIDA PREPARATORY SCHOOL, INC.

Current Principal Place of Business:

1450 CITRUS OAKS AVENUE
GOTHA, FL 34734

Current Mailing Address:

P.O. BOX 817
GOTHA, FL 34734

FEI Number: 59-3022217

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SIVICK, KRISTA
SUN TRUST CENTER
SUITE #2300
ORLANDO, FL 32801 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 PVST
Name FLANDERS, ROWENA
Address 5378 BROOKLINE DRIVE
City-State-Zip: ORLANDO FL 32819

Title D
Name LUCIANO, ANDREW
Address 13220 CORBEL CIRCLE, APT. #1016
City-State-Zip: FT. MEYERS FL 33907

Title D
Name WALKER III, ARTHUR I
Address 4008 SALMON DRIVE
City-State-Zip: ORLANDO FL 32835

Title D
Name STAMPER, BRIAN SR.
Address 1 EDENTON COURT
City-State-Zip: OCOEE FL 34761

Title D
Name LUCIANO, CHRISTOPHER M
Address 1860 MCCOY ROAD
City-State-Zip: HUNTINGTON WV 25701

Title D
Name DURGIN, BERNARD
Address 7845 SHELLBARK DRIVE
City-State-Zip: ORLANDO FL 32818

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: ROWENA FLANDERS

PVST

04/30/2014

Electronic Signature of Signing Officer/Director Detail

Date