

2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N93000003060

Entity Name: CENTRAL FLORIDA PREPARATORY SCHOOL, INC.

Current Principal Place of Business:

1800 MARDEN RD
APOPKA, FL 32703-6987

Current Mailing Address:

1800 MARDEN RD
APOPKA, FL 32703 US

FEI Number: 59-3022217

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DECKER, JEFFREY
200 S. ORANGE AVENUE
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: JEFFREY DECKER

06/28/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, TREASURER, CHAIRMAN
Name FLANDERS, ROWENA
Address 5378 BROOKLINE DRIVE
City-State-Zip: ORLANDO FL 32819

Title D
Name LUCIANO, ANDREW
Address 17370 ASHCOMB WAY
City-State-Zip: FT. MYERS FL 33928

Title D
Name LUCIANO, CHRISTOPHER M
Address 2011 REDMARK LN
City-State-Zip: WINTER GARDEN FL 34787

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

Title D
Name TELFER, TORI A PHD
Address 1712 IMPERIAL PALM DRIVE
City-State-Zip: APOPKA FL 32712

Title D
Name FLANDERS, SEAN R
Address 11038 AMBER RIDGE DR
City-State-Zip: ZELLWOOD FL 32798

Title D, VP, SECRETARY
Name NAJERA, JULIA
Address 2733 HILLTOP RD
City-State-Zip: CLERMONT FL 34711

Title D
Name FLANDERS, PEYTON E
Address 5378 BROOKLINE DR
City-State-Zip: ORLANDO FL 32819

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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: ROWENA FLANDERS

PRESIDENT/DIRECTOR

06/28/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name PATTERSON, LONNIE
Address 1925 COMPASS FLOWER WAY
City-State-Zip: OCOEE FL 34761

Title DIRECTOR
Name PENA, ALEJANDRO DR.
Address 1340 WEST HARVARD STREET
City-State-Zip: ORLANDO FL 32804

Title DIRECTOR
Name DICKSON, KRISTIN V
Address 6 BUSHWOOD CIR
City-State-Zip: LADERA RANCH CA 92694

Title DIRECTOR
Name ZAHAB, MEREDITH WHEELER
Address 4310 TOLKIEN STREET
City-State-Zip: ORLANDO FL 32828

Title DIRECTOR
Name LUNA, CHARALINE V. PHD
Address 811 MERRIMAC STREET
City-State-Zip: DELTONA FL 32725