

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000003060

**FILED**  
**Apr 27, 2018**  
**Secretary of State**  
**CC9633338182**

**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 LUCIANO, CHRISTOPHER M  
Address 1109 E CRYSTAL DRIVE  
City-State-Zip: ORLANDO FL 32806

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

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

*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 B FLANDERS

PVST

04/27/2018

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date