City-State-Zip:	ORLANDO FL 32819	City-State-Zip:	FI. MEYERS FL 339

			,
City-State-Zip:	ORLANDO FL 32819	City-State-Zip:	FT. MEYERS FL 33907
Title	D	Title	D
Name	WALKER III, ARTHUR I	Name	LUCIANO, CHRISTOPHER M
Address	4008 SALMON DRIVE	Address	1109 E CRYSTAL DRIVE
City-State-Zip:	ORLANDO FL 32835	City-State-Zip:	ORLANDO FL 32806
Title	D	Title	D
Name	DURGIN, BERNARD	Name	TELFER, TORI A
Address	7845 SHELLBARK DRIVE	Address	1712 IMPERIAL PALM DRIVE
City-State-Zip:	ORLANDO FL 32818	City-State-Zip:	APOPKA FL 32712

P.O. BOX 817

Name and Address of Current Registered Agent:

SIVICK, KRISTA SUN TRUST CENTER SUITE #2300 ORLANDO, FL 32801 US

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9300003060

Entity Name: CENTRAL FLORIDA PREPARATORY SCHOOL, INC.

Current Principal Place of Business:

1450 CITRUS OAKS AVENUE GOTHA, FL 34734

Current Mailing Address:

GOTHA. FL 34734

FEI Number: 59-3022217

Electronic Signature of Registered Agent

FILED May 01, 2015 Secretary of State CC5316193633

Certificate of Status Desired: Yes

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:

Title

Name

Address

D

LUCIANO, ANDREW

13220 CORBEL CIRCLE, APT. #1016

Officer/Director Detail :

Title

Name

Address

PVST

FLANDERS, ROWENA

5378 BROOKLINE DRIVE

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 F	FLANDERS
---------------------	----------

PVST

Date

Electronic Signature of Signing Officer/Director Detail