### 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001145

Entity Name: CENTRAL FLORIDA CHAPTER OF THE INTERNATIONAL

ASSOCIATION OF SPECIAL INVESTIGATION UNITS, INC.

FILED
Mar 28, 2014
Secretary of State
CC0629140748

## **Current Principal Place of Business:**

C/O JULI HYDE, FARMERS SIU 3913 RIGA BOULEVARD TAMPA, FL 33619

# **Current Mailing Address:**

P O BOX 572 VALRICO, FL 33595

FEI Number: 32-0226189 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

HYDE, JULI 3913 RIGA BOULEVARD TAMPA, FL 33619 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	P	Title	VP

Name HYDE, JULI Name NICHOLSON, GLENN

Address P.O. BOX 572 Address P.O. BOX 77

City-State-Zip: VALRICO FL 33595 City-State-Zip: LITHIA FL 33547

Title T Title D

NameBARTLETT, SCOTTNameHALLIDAY, JOHNAddress3535 W PIPKIN ROADAddressP.O. BOX 5680

City-State-Zip: LAKELAND FL 33811 City-State-Zip: CLEARWATER FL 33758

Title D Title S

Electronic Signature of Signing Officer/Director Detail

Name COBB, BRIAN Name PRICE, MARY

Address PO BOX 33041 Address 100 N. TAMPA STREET, SUITE

NUMBER 2550

City-State-Zip: LAKELAND FL 33807 City-State-Zip: TAMPA FL 33602

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.