2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001145

Entity Name: CENTRAL FLORIDA CHAPTER OF THE INTERNATIONAL

ASSOCIATION OF SPECIAL INVESTIGATION UNITS, INC.

Current Principal Place of Business:

3952 W ELROD AVENUE TAMPA, FL 33616

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 C/O JULI HYDE, FARMERS SIU P O BOX 572 VALRICO, FL 33595 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:

City-State-Zip:

Electronic Signature of Registered Agent

Date

FILED Apr 01, 2021

Secretary of State

3206722093CC

Officer/Director Detail:

Title PRESIDENT Title VI

Name MEGUIAR, KIMBERLY Name BAKER, TAUNYA

Address P O BOX 20666 Address 3302 S. FAULKENBURG RD

City-State-Zip: TAMPA FL 33622 City-State-Zip: RIVERVIEW FL 33578

TitleTREASURERTitleDIRECTORNameHYDE, JULINameLEAKE, APRIL

Address P O BOX 572 Address FARMERS INSURANCE

VALRICO FL 33595 P O BOX 268994

City-State-Zip: OKLAHOMA CITY OK 73126

Title DIRECTOR Title SECRETARY

Name URIBE, VICTOR Name BASS-MARTINEZ, ANNETTE

Address 18216 CRANE NEST DR
BUILDING 7, 2B-257

Address 100 N. TAMPA STREET, SUITE 2250

City-State-Zip: TAMPA FL 33647 City-State-Zip: TAMPA FL 33601

Title DIRECTOR

Name HOUSTON, BRANT
Address 1901 ULMERTON ROAD

City-State-Zip: CLEARWATER FL 33762

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: JULI HYDE TREASURER 04/01/2021