

2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N94000001145

Entity Name: CENTRAL FLORIDA CHAPTER OF THE INTERNATIONAL ASSOCIATION OF SPECIAL INVESTIGATION UNITS, INC.

FILED
Aug 17, 2016
Secretary of State
CC8021506079

Current Principal Place of Business:

C/O JULI HYDE, FARMERS SIU
4042 PARK OAKS BLVD SUITE 420
TAMPA, FL 33610

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
4042 PARK OAKS BLVD
SUITE 420
TAMPA, FL 33610 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 PRESIDENT
Name MEGUIAR, KIMBERLY
Address P O BOX 20666
City-State-Zip: TAMPA FL 33622

Title VP
Name BAKER, TAUNYA
Address 3302 S. FAULKENBURG RD
City-State-Zip: RIVERVIEW FL 33578

Title TREASURER
Name HYDE, JULI
Address P O BOX 572
City-State-Zip: VALRICO FL 33595

Title DIRECTOR
Name MARTINEZ, APRIL
Address 4042 PARK OAKS BLVD
 SUITE 420
City-State-Zip: TAMPA FL 33610

Title DIRECTOR
Name CUNNINGHAM, DEBORAH
Address 1802 NORTH HOWARD AVENUE
 #45004
City-State-Zip: TAMPA FL 33607

Title SECRETARY
Name BASS-MARTINEZ, ANNETTE
Address 100 N. TAMPA STREET, SUITE 2250
City-State-Zip: TAMPA FL 33601

Title DIRECTOR
Name CHRISTMAN, CELESTE
Address P O BOX 202
City-State-Zip: PARRISH FL 34219

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

08/17/2016

Electronic Signature of Signing Officer/Director Detail

_____ Date