

**2022 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 18, 2022**  
**Secretary of State**  
**1949908189CC**

**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:**

\_\_\_\_\_  
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            URIBE, VICTOR  
Address        P O BOX 572  
City-State-Zip: VALRICO FL 33595

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

Title            DIRECTOR  
Name            HOUSTON, BRANT  
Address        1901 ULMERTON ROAD  
City-State-Zip: CLEARWATER FL 33762

Title            DIRECTOR  
Name            FROME, DANIEL  
Address        P O BOX 5014  
City-State-Zip: SCRANTON PA 18505

*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**

**03/18/2022**

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

\_\_\_\_\_  
Date