

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000001145

**FILED**  
**Mar 26, 2018**  
**Secretary of State**  
**CC7752630412**

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

**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**

**03/26/2018**

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

\_\_\_\_\_  
Date