

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 644912

Entity Name: CNL SECURITIES CORP.

Current Principal Place of Business:

450 S. ORANGE AVENUE
ORLANDO, FL 32801-3336

Current Mailing Address:

POST OFFICE BOX 4920
ORLANDO, FL 32802

FEI Number: 59-2023934

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCARCELLI, LINDA A
450 S. ORANGE AVENUE
ORLANDO, FL 32801 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: LINDA A. SCARCELLI

04/02/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, CHAIRMAN, PRESIDENT
Name SHAFER, JEFFREY R.
Address POST OFFICE BOX 4920
City-State-Zip: ORLANDO FL 32802

Title CFO, SECRETARY, TREASURER
Name TIPTON, TAMMY
Address POST OFFICE BOX 4920
City-State-Zip: ORLANDO FL 32802

Title DIRECTOR
Name HARMER, DERYCK A.
Address POST OFFICE BOX 4920
City-State-Zip: ORLANDO FL 32802

Title GENERAL COUNSEL
Name MONTGOMERY, KIRK A.
Address POST OFFICE BOX 4920
City-State-Zip: ORLANDO FL 32802

Title DIRECTOR
Name MOUSSA, JACOB
Address POST OFFICE BOX 4920
City-State-Zip: ORLANDO FL 32802

Title DIRECTOR
Name WALL, MELISSA
Address POST OFFICE BOX 4920
City-State-Zip: ORLANDO FL 32802

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TAMMY TIPTON

CFO, S, T

04/02/2014

Electronic Signature of Signing Officer/Director Detail

Date