

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 677851

Entity Name: CNL FINANCIAL GROUP, INC.

Current Principal Place of Business:

450 S. ORANGE AVE.
ORLANDO, FL 32801

Current Mailing Address:

PO BOX 4920
ORLANDO, FL 32802 US

FEI Number: 59-2046903

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 EXECUTIVE CHAIRMAN
Name SENEFF, JAMES M. JR.
Address 450 S. ORANGE AVE.
City-State-Zip: ORLANDO FL 32801

Title CO-CHIEF EXECUTIVE OFFICER
Name BHAVSAR, CHIRAG J.
Address 450 S. ORANGE AVE.
City-State-Zip: ORLANDO FL 32801

Title CO-PRESIDENT
Name BHAVSAR, CHIRAG J.
Address 450 S. ORANGE AVE.
City-State-Zip: ORLANDO FL 32801

Title CO-PRESIDENT
Name MAULDIN, STEPHEN H
Address 450 S. ORANGE AVE.
City-State-Zip: ORLANDO FL 32801

Title CO-CHIEF EXECUTIVE OFFICER
Name MAULDIN, STEPHEN H
Address 450 S. ORANGE AVE.
City-State-Zip: ORLANDO FL 32801

Title CFO
Name TIPTON, TAMMY J.
Address 450 S. ORANGE AVE.
City-State-Zip: ORLANDO FL 32801

Title TREASURER
Name TIPTON, TAMMY J.
Address 450 S. ORANGE AVE.
City-State-Zip: ORLANDO FL 32801

Title VP
Name BURKE, ERIN G.
Address 450 S. ORANGE AVE.
City-State-Zip: ORLANDO FL 32801

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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: ERIN G. BURKE

SECRETARY

04/13/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title CHIEF SERVICES OFFICER
Name SCHULTZ, LISA A.
Address 450 S. ORANGE AVE.
City-State-Zip: ORLANDO FL 32801

Title SECRETARY
Name BURKE, ERIN G.
Address 450 S. ORANGE AVE.
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name MANOR, TIMOTHY J.
Address 450 S. ORANGE AVE.
City-State-Zip: ORLANDO FL 32801

Title ASSISTANT TREASURER
Name RAWLS, KAKI
Address 450 S. ORANGE AVE.
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name SENEFF, JAMES M. JR.
Address 450 S. ORANGE AVE.
City-State-Zip: ORLANDO FL 32801

Title AUTHORIZED REPRESENTATIVE
Name YOCHUM, BRADLEY S.
Address 450 S. ORANGE AVE.
City-State-Zip: ORLANDO FL 32801

Title ASSISTANT SECRETARY
Name YOCHUM, BRADLEY S.
Address 450 S. ORANGE AVE.
City-State-Zip: ORLANDO FL 32801

Title SENIOR VICE PRESIDENT TAX
Name RAWLS, KAKI
Address 450 S. ORANGE AVE.
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name SCHULTZ, LISA A.
Address 450 S. ORANGE AVE.
City-State-Zip: ORLANDO FL 32801

Title GENERAL COUNSEL
Name BURKE, ERIN G.
Address 450 S. ORANGE AVE.
City-State-Zip: ORLANDO FL 32801