

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001120

FILED
Apr 29, 2011
Secretary of State

Entity Name: CENTRAL FLORIDA INTERNATIONAL COMMUNITY CENTER, INC

Current Principal Place of Business:

7130 S ORANGE BLOSSOM TRL
SUITE 140
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

7130 S ORANGE BLOSSOM TRL
SUITE 140
ORLANDO, FL 32809

New Mailing Address:

FEI Number: 68-0504995 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TEOLI, LORDINE
7130 S. ORANGE BLOSSOM TR. #140
ORLANDO, FL 32809 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD
Name: BERTHONIER, MERILAN
Address: 7130 S ORANGE BLOSSOM TRL
City-St-Zip: ORLANDO, FL 32809

Title: D
Name: BAPTISTE, LUCIEN JEAN
Address: 7130 S ORANGE BLOSSOM TRL
City-St-Zip: ORLANDO, FL 32809

Title: S
Name: TEOLI, SYLVANA
Address: 130 HOLDEN AVE
City-St-Zip: ORLANDO, FL 32839

Title: AD
Name: JOSEPH, JIMMY
Address: 448 W OAK RIDGE ROAD, #106
City-St-Zip: ORLANDO, FL 32809

Title: C
Name: CHERUBIN, JEAN H
Address: 4315 RAVINNIA DR
City-St-Zip: ORLANDO, FL 32809

Title: VC
Name: MAURICE, JEAN S
Address: 7130 S. ORANGE BLOSSOM TR., #140
City-St-Zip: ORLANDO, FL 32309

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: LORDINE TEOLI

MRS

04/29/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date