

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001120

Entity Name: CENTRAL FLORIDA INTERNATIONAL COMMUNITY CENTER,
INC**FILED**
Apr 28, 2014
Secretary of State
CC6121192530**Current Principal Place of Business:**7130 S ORANGE BLOSSOM TRL
SUITE 146
ORLANDO, FL 32809**Current Mailing Address:**7130 S ORANGE BLOSSOM TRL
SUITE 146
ORLANDO, FL 32809**FEI Number: 68-0504995****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**TEOLI, LORDINE
7130 S. ORANGE BLOSSOM TR.
SUITE 146
ORLANDO, FL 32809 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	PD
Name	BERTHONIER, MERILAN
Address	7130 S ORANGE BLOSSOM TRL
City-State-Zip:	ORLANDO FL 32809

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

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

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

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

Title	VC
Name	MAURICE, JEAN S
Address	7130 S. ORANGE BLOSSOM TR., #140
City-State-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: MERILAN BERTHONIER**PD****04/28/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date