

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001120

Entity Name: CENTRAL FLORIDA INTERNATIONAL COMMUNITY CENTER,
INC**FILED**
Apr 27, 2017
Secretary of State
CC7262338204**Current Principal Place of Business:**7130 S ORANGE BLOSSOM TRL
SUITE 140
ORLANDO, FL 32809**Current Mailing Address:**7130 S ORANGE BLOSSOM TRL
SUITE 140
ORLANDO, FL 32809 US**FEI Number: 68-0504995****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**MERILAN, BERTHONIER
7130 S. ORANGE BLOSSOM TR.
SUITE 140
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: BERTHONIER MERILAN****04/27/2017**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** DIRECTOR
Name MERILAN, JEHOJADA
Address 7130 S ORANGE BLOSSOM TRL
SUITE 140
City-State-Zip: ORLANDO FL 32809**Title** TREASURER
Name MERILAN, NATLY
Address 600 WILD LAKE C
P204
City-State-Zip: ORLANDO FL 32818**Title** SECRETARY
Name ORR, SONDRRA
Address 7503 MANDARIN DR.
City-State-Zip: ORLANDO FL 32819**Title** VP
Name JEAN, ECLESIASTE FILS
Address 7219 DOMINION AVE
City-State-Zip: ORLANDO FL 32807**Title** CEO
Name BERTHONIER, MERILAN
Address 4221 CAROUSEL ROAD
City-State-Zip: ORLANDO FL 32808**Title** DIRECTOR
Name FLORES-CLARIDY, GINA
Address 4708 SOUTH RIO GRANDE AVE.
APT.15
City-State-Zip: ORLANDO FL 32839

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: BERTHONIER MERILAN**CEO****04/27/2017**

Electronic Signature of Signing Officer/Director Detail

Date