

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03935

FILED
Mar 21, 2019
Secretary of State
3812755373CC

Entity Name: CENTRAL FLORIDA CPCU SOCIETY CHAPTER, INC.

Current Principal Place of Business:

344 CASA GRANDE DRIVE
WINTER SPRINGS, FL 32708

Current Mailing Address:

344 CASA GRANDE DRIVE
WINTER SPRINGS, FL 32708 US

FEI Number: 59-2737706

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KEYES, PAULA
344 CASA GRANDE DRIVE
WINTER SPRINGS, FL 32708 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 TREASURER
Name VANCURA, ROBERT
Address 195 S. WESTMONTE DR.
 SUITE 1130
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR
Name SWIFT, ROBERT
Address 1900 SUMMIT TOWER BLVD.
 SUITE 400
City-State-Zip: ORLANDO FL 32810

Title DIRECTOR
Name KEYES, PAULA
Address 344 CASA GRANDE DRIVE
City-State-Zip: WINTER SPRINGS FL 32708

Title DIRECTOR
Name REDDELL, KATHRYN
Address 2250 LUCIEN WAY
 SUITE 300A
City-State-Zip: MAITLAND FL 32751

Title IMMEDIATE PAST PRESIDENT
Name POLINO, BRIAN
Address 2301 LUCIEN WAY
 SUITE 360
City-State-Zip: MAITLAND FL 32751

Title PRESIDENT
Name BANKEN, NATOSHIA D
Address 640 CENTURY POINT
City-State-Zip: LAKE MARY FL 32746

Title PRESIDENT-ELECT
Name ARNOLD, ANITA
Address 1025 LANDVIEW COURT
City-State-Zip: ORLANDO FL 32828

Title VP
Name ROBERT, LATOZA
Address 8287 LOOKOUT POINT DRIVE
City-State-Zip: WINDERMERE FL 34786

Continues on page 2

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: PAULA KEYES

DIRECTOR

03/21/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SECRETARY
Name LACY, DEREK
Address 1020 N. ORLANDO AVENUE
 SUITE 200
City-State-Zip: MAITLAND FL 32751