

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03935

Entity Name: CENTRAL FLORIDA CPCU SOCIETY CHAPTER, INC.**Current Principal Place of Business:**174 GRACE BLVD.
ALTAMONTE SPRINGS, FL 32714**Current Mailing Address:**174 GRACE BLVD.
ALTAMONTE SPRINGS, FL 32714 US**FEI Number:** 59-2737706**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KEYES, PAULA
174 GRACE BLVD.
ALTAMONTE SPRINGS, FL 32714 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	D
Name	VANCURA, ROBERT
Address	195 S. WESTMONTE DR. #150
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	PE
Name	SWIFT, ROBERT
Address	1900 SUMMIT TOWER BLVD. #750
City-State-Zip:	ORLANDO FL 32810

Title	TREA
Name	KEYES, PAULA
Address	174 GRACE BLVD.
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	PRES
Name	VANGORDER, VICKY
Address	600 NORTHLAKE BLVD. #160
City-State-Zip:	ALTAMONTE SPRINGS FL 32701

Title	VP
Name	FOLSOM, MARY
Address	615 CRESCENT EXECUTIVE COURT #600
City-State-Zip:	LAKE MARY FL 32746

Title	D
Name	GEISLER, ANN A
Address	2475 REED ELLIS ROAD
City-State-Zip:	OSTEEN FL 32764

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**TREASURER****01/26/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date