

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03935

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

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

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

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

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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**REGISTERED AGENT****03/19/2020**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	SECRETARY
Name	SMITH, WYNN
Address	200 VISTA OAK DRIVE
City-State-Zip:	LONGWOOD FL 32779