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: BRIAN J. BEERS

Electronic Signature of Signing Officer/Director Detail

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009517

Entity Name: IAHSS CENTRAL FLORIDA CHAPTER, INC.

Current Principal Place of Business:

10310 SPRINGROSE DRIVE TAMPA, FL 33626

Current Mailing Address:

P.O. BOX 23546 TAMPA FL 33623 US

FEI Number: 26-1162777

Name and Address of Current Registered Agent:

BEERS, BRIAN J 10310 SPRINGROSE DRIVE TAMPA, FL 33626 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: BRIAN J. BEERS				01/09/2024
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	CHAPTER TREASURER	Title	CHAPTER SECRETARY	
Name	BEERS, BRIAN J	Name	SCHELBLE, JECCICA	
Address	P.O. BOX 23546	Address	P.O. BOX 23546	
City-State-Zip:	TAMPA FL 33623	City-State-Zip:	TAMPA FL 33623	
Title	CHAIRPERSON	Title	VICE CHAIRPERSON	
Name	STEPHENS, THOMAS	Name	MICKEY, WATSON	
Address	P.O. BOX 23546	Address	P.O. BOX 23546	
City-State-Zip:	TAMPA FL 33623	City-State-Zip:	TAMPA FL 33623	

Certificate of Status Desired: No

01/09/2024 CHAPTER TREASURER

FILED Jan 09, 2024 Secretary of State 2893524068CC

Date