

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000001538

**FILED**  
**Apr 25, 2018**  
**Secretary of State**  
**CC9901652506**

**Entity Name:** VISMINDALUZ ASSOCIATION OF CENTRAL FLORIDA, INC,

**Current Principal Place of Business:**

1025 W. OAKRIDGE ROAD  
ORLANDO, FL 32809

**Current Mailing Address:**

6005 SILVER STAR ROAD  
C/O BENNIE SISON  
ORLANDO, FL 32808

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SISON, BENNIE  
6005 SILVER STAR ROAD  
ORLANDO, FL 32808 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            PRESIDENT  
Name            REED, NENA  
Address        6005 SILVER STAR ROAD  
                  C/O BENNIE SISON  
City-State-Zip: ORLANDO FL 32808

Title            TREA  
Name            SISON, BENNIE  
Address        6005 SILVER STAR ROAD  
City-State-Zip: ORLANDO FL 32808

Title            VICE - PRESIDENT  
Name            CATHY, JUSTINA  
Address        6005 SILVER STAR ROAD  
                  C/O BENNIE SISON  
City-State-Zip: ORLANDO FL 32808

*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:** BENNIE SISON

**TREASURER**

**04/25/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date