

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000008997

Entity Name: CPC OF THE WMM - ORLANDO, FL - ONE, INC.**Current Principal Place of Business:**2617 S. BUMBY AVE.
ORLANDO, FL 32806**Current Mailing Address:**P. O. BOX 560490
ORLANDO, FL 32856-0490 US**FEI Number:** 45-3213739**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROLON, ALBA N
2617 S. BUMBY AVE.
ORLANDO, FL 32806 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:** ALBA N. ROLON

03/17/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, PRESIDENT
Name ROLON, ALBA N
Address P. O. BOX 560490
City-State-Zip: ORLANDO FL 32856-0490

Title DIRECTOR
Name SANCHEZ PUCHALES, MARIA A.
Address P. O. BOX 560490
City-State-Zip: ORLANDO FL 32856-0490

Title SECRETARY, TREASURER
Name ALVARADO, ROSA I.
Address P. O. BOX 560490
City-State-Zip: ORLANDO FL 32856-0490

Title DIRECTOR, VP
Name MOYENO, JOSE LUIS
Address P. O. BOX 560490
City-State-Zip: ORLANDO FL 32856-0490

Title DIRECTOR
Name MOYENO, WANDA
Address P. O. BOX 560490
City-State-Zip: ORLANDO FL 32856-0490

Title DIRECTOR
Name RODRIGUEZ, AIDELIZ
Address P. O. BOX 560490
City-State-Zip: ORLANDO FL 32856-0490

Title DIRECTOR
Name GUZMAN, NORMANDA
Address P. O. BOX 560490
City-State-Zip: ORLANDO FL 32856-0490

Title DIRECTOR
Name SERPA, ELBA
Address P. O. BOX 560490
City-State-Zip: ORLANDO FL 32856-0490

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: ALBA N. ROLON**PRESIDENT**

03/17/2023

Electronic Signature of Signing Officer/Director Detail

Date