2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2025
Secretary of State
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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 560527
ORLANDO, FL 32856-0527 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 03/30/2025

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DIRECTOR, PRESIDENT
Name	ROLON, ALBA N
Address	P. O. BOX 560527
City-State-Zip:	ORLANDO FL 32856-0527

Title	TREASURER
Name	ALVARADO, ROSA I.
Address	P. O. BOX 560527
City-State-Zip:	ORLANDO FL 32856-0527

Title	SECRETARY
Name	MOYENO, WANDA
Address	P. O. BOX 560527
City-State-Zip:	ORLANDO FL 32856-0527

Title	DIRECTOR
Name	GUZMAN, NORMANDA
Address	P. O. BOX 560527
City-State-Zip:	ORLANDO FL 32856-0527

Title	DIRECTOR
Name	SANCHEZ PUCHALES, MARIA A.
Address	P. O. BOX 560527
City-State-Zip:	ORLANDO FL 32856-0527

Title	DIRECTOR, VP
Name	MOYENO, JOSE LUIS
Address	P. O. BOX 560527
City-State-Zip:	ORLANDO FL 32856-0527

Title	DIRECTOR
Name	RIVERA, NELIDA
Address	P. O. BOX 560527
City-State-Zip:	ORLANDO FL 32856-0527

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

CPC OF THE WMM-ORLANDO, FL-ONE INC. 03/30/2025

Electronic Signature of Signing Officer/Director Detail — Date