**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Mar 30, 2015**
**Secretary of State**
**CC2776649686**

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

**FEI Number: 45-3213739**

**Certificate of Status Desired:** No

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

PAUL R. ALFIERI, P.L.
5143 NW 42 TERRACE
COCONUT CREEK, FL 33073 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: PAUL R. ALFIERI, ESQ. 03/30/2015

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

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

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

| | |
|---|---|
| Title | TREASURER |
| Name | RIVERA ALVAREZ, GÉNESIS |
| 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 | SÁNCHEZ PUCHALES, MARIA A. |
| Address | P. O. BOX 560490 |
| City-State-Zip: | ORLANDO FL 32856-0490 |

| | |
|---|---|
| Title | DIRECTOR, VP |
| Name | RIVERA, GERARDO A. |
| Address | P. O. BOX 560490 |
| City-State-Zip: | ORLANDO FL 32856-0490 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | ALVAREZ-RIOS, LOURDES M. |
| 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 |

**Continues on page 2**

*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. ROLÓN PRESIDENT 03/30/2015

Electronic Signature of Signing Officer/Director Detail — Date

**Officer/Director Detail Continued :**

| | |
|---|---|
| Title | DIRECTOR |
| Name | FLORES, JOSE CRISTOBAL |
| Address | P. O. BOX 560490 |
| City-State-Zip: | ORLANDO FL 32856-0490 |