2014 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 16, 2014
Secretary of State
CC5171121544

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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 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. 09/16/2014

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	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	SÁNCHEZ PUCHALES, MARIA A.
Address	P. O. BOX 560490
City-State-Zip:	ORLANDO FL 32856-0490

Title	DIRECTOR
Name	RIOS ARROYO, JULIO
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

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 NOLIS ROLÓN PRESIDENT 09/16/2014

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

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