

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000010221

FILED
Mar 04, 2018
Secretary of State
CC5406017267

Entity Name: ATD CENTRAL FLORIDA CHAPTER , INC.

Current Principal Place of Business:

5344 LOCKSLEY AVENUE
ORLANDO, FL 32810

Current Mailing Address:

P.O. BOX 161525
ALTAMONTE SPRINGS, FL 32716 US

FEI Number: 93-0809757

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GRANT, KRISTINA L.
5344 LOCKSLEY AVENUE
ORLANDO, FL 32810 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: KRISTINA L. GRANT

03/04/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP, PROFESSIONAL DEVELOPMENT
Name GRIFFITHS, MARK
Address P.O. BOX 161525
City-State-Zip: ALTAMONTE SPRINGS FL 32716

Title VP, COMMUNICATIONS
Name HOLDER, CORYNNE
Address P.O. BOX 161525
City-State-Zip: ALTAMONTE SPRINGS FL 32716

Title VP, ENGAGEMENT
Name ENTWISTLE, DANIEL
Address P.O. BOX 161525
City-State-Zip: ALTAMONTE SPRINGS FL 32716

Title PRESIDENT ELECT
Name RICHARD, WENDY
Address P.O. BOX 1601525
City-State-Zip: ALTAMONTE SPRINGS FL 32716

Title PAST PRESIDENT
Name GRANT, KRISTINA
Address P.O. BOX 161525
City-State-Zip: ALTAMONTE SPRINGS FL 32716

Title PRESIDENT
Name ESPINAL, ROSA
Address P.O. BOX 161525
City-State-Zip: ALTAMONTE SPRINGS FL 32716

Title VP, FINANCE
Name BEECHAM, ANN
Address P.O. BOX 161525
City-State-Zip: ALTAMONTE SPRINGS FL 32716

Title VP, MEMBER SERVICES
Name MILLER, KELLEY
Address P.O. BOX 161525
City-State-Zip: ALTAMONTE SPRINGS FL 32716

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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: KRISTINA L. GRANT

**IMMEDIATE PAST
PRESIDENT**

03/04/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP, PROGRAM OPERATIONS
Name JOHNSON, DENISE
Address P.O. BOX 161525
City-State-Zip: ALTAMONTE SPRINGS FL 32716