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: SCOTT KROUSE

City-State-Zip: MASCOTTE FL 34753

Electronic Signature of Signing Officer/Director Detail

SIGNATURE: SCOTT KROUSE 04/30/2024

	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PAST PRESIDENT	Title	VP FINANCE	
Name	ESPINAL, ROSA	Name	BLAKENEY, CHERYL	
Address	P.O. BOX 863	Address	P.O. BOX 863	
City-State-Zip:	MASCOTTE FL 34753	City-State-Zip:	MASCOTTE FL 34753	
Title	PRESIDENT			
Name	KROUSE, SCOTT			
Address	P.O. BOX 863			

KROUSE, SCOTT 17927 CADENCE STREET ORLANDO, FL 32820 US

ORLANDO, FL 32820

Current Mailing Address:

17927 CADENCE STREET ORLANDO, FL 32820 US

FEI Number: 93-0809757

Name and Address of Current Registered Agent:

17927 CADENCE STREET

DOCUMENT# N14000010221

Entity Name: ATD CENTRAL FLORIDA CHAPTER, INC.

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

Certificate of Status Desired: No

Date

FILED Apr 30, 2024 Secretary of State 5790436728CC

PRESIDENT

04/30/2024

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.