

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 25, 2020
Secretary of State
2188149948CC

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: Yes

Name and Address of Current Registered Agent:

GRANT, KRISTINA L
1831 TOURNAMENT DRIVE
APOPKA, FL 32712 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

01/25/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

Title PRESIDENT ELECT
Name AKU, ZIZIO
Address P.O. BOX 161525
City-State-Zip: ALTAMONTE SPRINGS FL 32716

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

Title VP MEMBERSHIP
Name AKBARI, KATHY
Address P.O. BOX 161525
City-State-Zip: ALTAMONTE SPRINGS FL 32716

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

VP FINANCE

01/25/2020

Electronic Signature of Signing Officer/Director Detail

Date