2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000010221

Entity Name: ATD CENTRAL FLORIDA CHAPTER, INC.

FILED
Mar 01, 2016
Secretary of State
CC3725699850

Date

Current Principal Place of Business:

14422 NOTTINGHAM WAY CIRCLE

ORLANDO, FL 32828

Current Mailing Address:

P.O. BOX 160009

ALTAMONTE SPRINGS. FL 32716 US

FEI Number: 93-0809757 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AKBARI, KATHY 14422 NOTTINGHAM WAY CIRCLE ORLANDO, FL 32828 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: KATHY AKBARI 03/01/2016

Electronic Signature of Registered Agent

Officer/Director Detail:

Title PAST PRESIDENT Title PRESIDENT

Name KINGSBURY, BRIAN Name AKBARI, KATHY

Address P.O. BOX 160009 Address 14422 NOTTINGHAM WAY CIRCLE

City-State-Zip: ALTAMONTE SPRINGS FL 32716 City-State-Zip: ORLANDO FL 32828

TitleVP, PROFESSIONAL DEVELOPMENTTitleVP, COMMUNICATIONSNameESPINAL, ROSANameFOWLER, WILLIAMAddressP.O. BOX 160009AddressP.O. BOX 160009

City-State-Zip: ALTAMONTE SPRINGS FL 32716 City-State-Zip: ALTAMONTE SPRINGS FL 32716

TitleVP, FINANCETitleVP, MEMBERSHIPNameAKBARI, KATHYNameRICHARDS, WENDYAddressP.O. BOX 160009AddressP.O. BOX 160009

City-State-Zip: ALTAMONTE SPRINGS FL 32716 City-State-Zip: ALTAMONTE SPRINGS FL 32716

Title PRESIDENT-ELECT
Name GRANT, KRISTINA
Address P.O. BOX 160009

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: KATHY AKBARI PRESIDENT 03/01/2016