

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000010221

**FILED**  
**Apr 16, 2017**  
**Secretary of State**  
**CC6810766581**

**Entity Name:** ATD CENTRAL FLORIDA CHAPTER , INC.

**Current Principal Place of Business:**

5344 LOCKSLEY AVENUE  
ORLANDO, FL 32810

**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:**

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

04/16/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PAST PRESIDENT  
Name AKBARI, KATHY  
Address 14422 NOTTINGHAM WAY CIRCLE  
City-State-Zip: ORLANDO FL 32828

Title VP, PROFESSIONAL DEVELOPMENT  
Name GRIFFITHS, MARK  
Address P.O. BOX 160009  
City-State-Zip: ALTAMONTE SPRINGS FL 32716

Title VP, COMMUNICATIONS  
Name HOLDER, CORYNNE  
Address P.O. BOX 160009  
City-State-Zip: ALTAMONTE SPRINGS FL 32716

Title VP, FINANCE  
Name ENTWISTLE, DANIEL  
Address P.O. BOX 160009  
City-State-Zip: ALTAMONTE SPRINGS FL 32716

Title VP, ENGAGEMENT  
Name RICHARDS, WENDY  
Address P.O. BOX 160009  
City-State-Zip: ALTAMONTE SPRINGS FL 32716

Title PRESIDENT  
Name GRANT, KRISTINA  
Address P.O. BOX 160009  
City-State-Zip: ALTAMONTE SPRINGS FL 32716

Title PRESIDENT-ELECT  
Name ESPINAL, ROSA  
Address P.O. BOX 160009  
City-State-Zip: ALTAMONTE SPRINGS FL 32716

Title VP, TECHNOLOY  
Name GONZALEZ, IVON  
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:** KRISTINA L. GRANT

**PRESIDENT**

04/16/2017

Electronic Signature of Signing Officer/Director Detail

Date