

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000010221

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

**Current Principal Place of Business:**

12756 MARIBOU CIRCLE  
ORLANDO, FL 32828

**Current Mailing Address:**

P.O. BOX 863  
MASCOTTE, FL 34753 US

**FEI Number: 93-0809757**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

AKU, ZIZO  
12756 MARIBOU CIRCLE  
ORLANDO, FL 34753 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:** ZIZO AKU

01/24/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PAST PRESIDENT

Name ESPINAL, ROSA

Address P.O. BOX 863

City-State-Zip: MASCOTTE FL 34753

Title VP FINANCE

Name BLAKENEY, CHERYL

Address P.O. BOX 863

City-State-Zip: MASCOTTE FL 34753

Title PRESIDENT

Name AKU, ZIZO

Address P.O. BOX 863

City-State-Zip: MASCOTTE FL 34753

Title DIRECTOR CHAPTER OPERATIONS

Name KROUSE, SCOTT

Address P.O. BOX 863

City-State-Zip: MASCOTTE FL 34753

Title VP OF PROGRAM OPERATIONS

Name RODRIGUEZ, MARIA FRANCIS

Address P.O. BOX 863

City-State-Zip: MASCOTTE FL 34753

Title VP OF ENGAGEMENT

Name BROWN, WALTER

Address P.O. BOX 863

City-State-Zip: MASCOTTE FL 34753

*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:** ZIZO AKU

PRESIDENT

01/24/2022

Electronic Signature of Signing Officer/Director Detail

Date