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

P.O. BOX 863

City-State-Zip: MASCOTTE FL 34753

Address

Electronic Signature of Signing Officer/Director Detail

SIGNATURE: SCOTT KROUSE 10/02/2023

	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				
The	PRESIDENT				
Name	KROUSE, SCOTT				

KROUSE, SCOTT 17927 CADENCE STREET ORLANDO, FL 32820 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.

17927 CADENCE STREET

ORLANDO, FL 32820 US

2023 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N14000010221

Entity Name: ATD CENTRAL FLORIDA CHAPTER, INC.

Current Principal Place of Business:

17927 CADENCE STREET ORLANDO, FL 32820

Current Mailing Address:

FEI Number: 93-0809757

Name and Address of Current Registered Agent:

Certificate of Status Desired: No

10/02/2023

Date

FILED Oct 02, 2023 Secretary of State 0971316379CR

PRESIDENT