

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

DOCUMENT# N16000006344

**FILED  
Apr 21, 2017  
Secretary of State  
CC2923663480**

**Entity Name:** CENTER FOR TRANSFORMATIVE WORK INCORPORATED

**Current Principal Place of Business:**

1017 20TH STREET  
ORLANDO, FL 32805

**Current Mailing Address:**

1017 20TH STREET  
ORLANDO, FL 32805

**FEI Number: 81-4096913**

**Certificate of Status Desired: No**

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

BLACK, SUSANA R  
602 W. WASHINGTON STREET  
ORLANDO, FL 32801 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P,D  
Name RIVERA, ORLANDO  
Address 1017 20TH STREET  
City-State-Zip: ORLANDO FL 32805

Title T,D  
Name BLACK, SUSANA R  
Address 1017 20TH STREET  
City-State-Zip: ORLANDO FL 32805

Title S,D  
Name HARRIS, JUSTIN  
Address 1017 20TH STREET  
City-State-Zip: ORLANDO FL 32805

*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: SUSANA BLACK**

**TREASURER**

**04/21/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date