

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004746

Entity Name: MID FLORIDA WRESTLING ASSOCIATION, INC.**Current Principal Place of Business:**9040 TOWN CENTER PARKWAY
LAKEWOOD RANCH, FL 34202**Current Mailing Address:**9040 TOWN CENTER PARKWAY
LAKEWOOD RANCH, FL 34202 US**FEI Number:** 59-3149395**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DOYNO, DEVRON
9040 TOWN CENTER PARKWAY
LAKEWOOD RANCH, FL 34202 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	PRESIDENT, TREASURER
Name	DOYNO, DEVRON
Address	9040 TOWN CENTER PARKWAY
City-State-Zip:	LAKEWOOD RANCH FL 34202

Title	SECRETARY
Name	CATALINA, ZACK
Address	9040 TOWN CENTER PARKWAY
City-State-Zip:	LAKEWOOD RANCH FL 34202

Title	DIRECTOR
Name	DIX, DAVID
Address	9040 TOWN CENTER PARKWAY
City-State-Zip:	LAKEWOOD RANCH FL 34202

Title	VP
Name	SMITH, SCOTT
Address	9040 TOWN CENTER PARKWAY
City-State-Zip:	LAKEWOOD RANCH FL 34202

Title	DIRECTOR
Name	HEWITT, MARK
Address	9040 TOWN CENTER PARKWAY
City-State-Zip:	LAKEWOOD RANCH FL 34202

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: DEVRON L. DOYNO**PRESIDENT****04/27/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date