

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000005206

Entity Name: TRADITIONAL MARTIAL ARTS CENTER, INC.**Current Principal Place of Business:**2220 HEMPEL AVE.
WINTER GARDEN, FL 34787**Current Mailing Address:**374 LAKEVIEW ST
ORLANDO, FL 32804 US**FEI Number:** 59-3221911**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JACKSON, SUSAN
374 LAKEVIEW ST
ORLANDO, FL 32804 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
Name	JACKSON, SUSAN
Address	374 LAKEVIEW ST
City-State-Zip:	ORLANDO FL 32804

Title	VP
Name	SNELL, EDDIE
Address	1107 ARBOR HILL CIRCLE
City-State-Zip:	MINNEOLA FL 34715

Title	CHAIRMAN
Name	MARN, ROBERT LJR
Address	1367 WOODBINE
City-State-Zip:	DAYTONA BEACH FL 32114

Title	VP
Name	SCHMIDT, BRIAN
Address	333 HARBOR POINT RD
City-State-Zip:	ORLANDO FL 32835

Title	SECRETARY
Name	MANNELLA, CINDY
Address	408 ENGLISH LAKE DR.
City-State-Zip:	WINTER GARDEN FL 34787

Title	TREASURER
Name	ODEN, JON
Address	5341 BROOKLINE DR
City-State-Zip:	ORLANDO FL 32819

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SUSAN JACKSON**PRESIDENT****08/28/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date