

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000002233

**Entity Name:** CENTRAL FLORIDA FOUNDATION FOR FINANCIAL EDUCATION, INC.

**FILED**  
**Apr 01, 2024**  
**Secretary of State**  
**4026393940CC**

**Current Principal Place of Business:**

109 N BEAUMONT AVE  
KISSIMMEE, FL 34741

**Current Mailing Address:**

109 N BEAUMONT AVE  
KISSIMMEE, FL 34741 US

**FEI Number: 86-2296895**

**Certificate of Status Desired: Yes**

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

SANTIAGO PEREZ, EMMANUEL  
109 N BEAUMONT AVE  
KISSIMMEE, FL 34741 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  
Name SANTIAGO PEREZ, EMMANUEL  
Address 109 N BEAUMONT AVE  
City-State-Zip: KISSIMMEE FL 34741

Title VP  
Name LOPEZ HERNANDEZ, SARUBA N  
Address 109 N BEAUMONT AVE  
City-State-Zip: KISSIMMEE FL 34741

Title T  
Name GUZMAN, DENIX  
Address 5848 ROYAL HILLS CIR  
City-State-Zip: WINTER HAVEN FL 33881

*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: EMMANUEL SANTIAGO PEREZ

P

04/01/2024

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

\_\_\_\_\_  
Date