

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003564

FILED
Jan 14, 2004
Secretary of State**Entity Name:** GF/ORLANDO, INC.**Current Principal Place of Business:**920 WEST KENNEDY BLVD.
ORLANDO, FL 32810**New Principal Place of Business:****Current Mailing Address:**3575 PIEDMONT ROAD,NE
15 PIEDMONT CTR.,STE 930
ATLANTA, GA 30305**New Mailing Address:****FEI Number:** 58-2550001**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MALONEY, FRANK E JR
445 E MACCLENNEY AVE
MACCLENNEY, FL 32063 US**Name and Address of New Registered Agent:**

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GROVE, GREGORY K
Address: 15 PIEDMONT CTR.SUITE 930
City-St-Zip: ATLANTA, GA 30305

Title: VPD () Delete
Name: WEISEL, ERIC I
Address: 15 PIEDMONT CTR.SUITE 930
City-St-Zip: ATLANTA, GA 30305

Title: VPD () Delete
Name: BASS, C.WILLIS
Address: 15 PIEDMONT CTR.SUITE 930
City-St-Zip: ATLANTA, GA 30305

Title: VP () Delete
Name: DELOZIER, ARTHUR C
Address: 15 PIEDMONT CTR.SUITE 930
City-St-Zip: ATLANTA, GA 30305

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ARTHUR C. DELOZIER

VP

01/14/2004

Electronic Signature of Signing Officer or Director

Date