

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N00266 (9)**

1. Corporation Name

**ORLANDO CHAPTER OF THE AMERICAN INSTITUTE OF ARCHITECTS INC.**



Principal Place of Business: 200 E ROBINSON ST #260 ORLANDO FL 32801 US  
Mailing Address: 200 E ROBINSON ST #260 ORLANDO FL 32801 US

3. Date Incorporated or Qualified: 12/08/1983  
3a. Date of Last Report: 02/27/1995

2. Principal Place of Business: 21 930 Woodcock Rd. 22 226 23 Orlando FL 24 32803 25 USA  
2a. Mailing Address: 26 930 Woodcock Rd. 27 226 28 Orlando FL 29 32803 30 USA

4. FEI Number: 59-2721141  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing: \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: HUNTER, TED 1900 SUMMIT TOWER BLVD SUITE 300 ORLANDO FL 32810

10. Name and Address of New Registered Agent: 81 Name: Michael W. Rodriguez 82 Street Address (P.O. Box Number is Not Acceptable): 1265 S. Semoran Blvd., # 1254 83 84 City: Winter Park FL 85 Zip Code: 32792

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: [Signature]

4/3/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	S	<input type="checkbox"/>
NAME	COHN, SANFORD	
STREET ADDRESS	145 LINCOLN AVE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	P	<input checked="" type="checkbox"/>
NAME	HUNTER, TED	
STREET ADDRESS	1900 SUMMIT TOWER BLVD #300	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VP	<input checked="" type="checkbox"/>
NAME	RODRIGUEZ, MIKE	
STREET ADDRESS	1285 S SEMORAN BLVD #1245	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	D	<input checked="" type="checkbox"/>
NAME	CUNNINGHAM, JOHN	
STREET ADDRESS	200 S ORANGE AVE #1240	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/>
NAME	LUPTON, DEBRA	
STREET ADDRESS	1717 S. ORANGE AVE.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/>
NAME	TEGELER, DAVID	
STREET ADDRESS	4080 WATERVIEW LOOP	
CITY-ST-ZIP	WINTER PARK FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	Treasurer	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	President	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	Michael W. Rodriguez		
2.3 STREET ADDRESS	1265 S. Semoran Blvd., # 1254		
2.4 CITY-ST-ZIP	Winter Park, FL 32792		
3.1 TITLE	Secretary	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	Roland Udenze		
3.3 STREET ADDRESS	135 W. Central Ave., #300		
3.4 CITY-ST-ZIP	Orlando, FL 32801		
4.1 TITLE	Director	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	Bruce McMillen		
4.3 STREET ADDRESS	222 W. Maitland Blvd.		
4.4 CITY-ST-ZIP	Maitland, FL 32751		
5.1 TITLE	Director	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	Catherine Sullivan		
5.3 STREET ADDRESS	200 S. Orange Ave., # 1240		
5.4 CITY-ST-ZIP	Orlando, FL 32801		
6.1 TITLE	Director	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.2 NAME	Dennis Smeltz		
6.3 STREET ADDRESS	201 E. Pine St., #200		
6.4 CITY-ST-ZIP	Orlando, FL 32801		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed. An attachment with an address.

SIGNATURE: [Signature]

4/3/96 407-898-7006

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE Daytime Phone #

CR2E037 (12/95)