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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N00266

1. Corporation Name
ORLANDO CHAPTER OF THE AMERICAN INSTITUTE OF ARCHITECTS INC.

Principal Place of Business
**930 WOODCOCK RD
 STE 226
 ORLANDO FL 32803
 US**

Mailing Address
**930 WOODCOCK RD
 STE 226
 ORLANDO FL 32803
 US**



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/08/1983
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2721141
22 City & State	27 City & State	Applied For Not Applicable
23 Zip	28 Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Country	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent
**UDENZE, ROLAND
 135 W CENTRAL AVE
 #400
 ORLANDO FL 32801**

10. Name and Address of New Registered Agent
 81 Name **Karen Jones, Executive Director**
 82 Street Address (P.O. Box Number is Not Acceptable)
930 Woodcock Rd., Ste. 226
 83
 84 City **Orlando** FL 85 Zip Code **32803**

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 *Karen Jones, Exec. Dir.* DATE **3/19/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHN, SANFORD	1.2 NAME Conn, Sanford
STREET ADDRESS	145 LINCOLN AVE	1.3 STREET ADDRESS 145 Lincoln Ave.
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP Winter Park, FL 32789
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, MICHAEL W.	2.2 NAME Steve Grant
STREET ADDRESS	1265 S SEMORAN BLVD, #1254	2.3 STREET ADDRESS PO Box 10,000
CITY-ST-ZIP	WINTER PARK FL	2.4 CITY-ST-ZIP Lake Buena Vista, FL 32830
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UDENZE, ROLAND	3.2 NAME Dan Farmer
STREET ADDRESS	135 W CENTRAL AVE, #300	3.3 STREET ADDRESS 601 S. Lake Destiny Rd, Ste. 405
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP Maitland, FL 32751
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMPAL, ALVA A	4.2 NAME Steve Langston
STREET ADDRESS	MJA COMMUNICATIONS, 1810 MAYWOOD RD	4.3 STREET ADDRESS 145 Lincoln Ave.
CITY-ST-ZIP	WINTER PARK FL 32792	4.4 CITY-ST-ZIP Winter Park, FL 32789
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, CATHERINE A	5.2 NAME Catherine, Sullivan
STREET ADDRESS	SPILLIS CANDELA & PARTNERS, 200 S ORANGE	5.3 STREET ADDRESS 200 S. Orange
CITY-ST-ZIP	ORLANDO FL 32801	5.4 CITY-ST-ZIP Orlando, FL 32801
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, CAROLYN A	6.2 NAME Laura Nemethy
STREET ADDRESS	WALT DISNEY IMAG 7874 SUGARVIEW CT	6.3 STREET ADDRESS 2277 Lee Road, Ste. 225
CITY-ST-ZIP	ORLANDO FL 32819	6.4 CITY-ST-ZIP Winter Park, FL 32789

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

SIGNATURE: *Karen Jones, Executive Director* DATE: **3/19/99** DAYTIME PHONE #: **407-898-7006**

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