

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00266

FILED
Jan 25, 2006
Secretary of State

Entity Name: ORLANDO CHAPTER OF THE AMERICAN INSTITUTE OF ARCHITECTS INC.

Current Principal Place of Business:

930 WOODCOCK RD
STE 226
ORLANDO, FL 32803 US

New Principal Place of Business:

Current Mailing Address:

930 WOODCOCK RD
STE 226
ORLANDO, FL 32803 US

New Mailing Address:

FEI Number: 59-2721141 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, KAREN
930 WOODCOCK RD STE 226
ORLANDO, FL 32803 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: P () Delete
Name: MCNICHOLAS, JACKI
Address: 1000 REUNION WAY, STE. 300
City-St-Zip: REUNION, FL 34747

Title: PE () Delete
Name: MURPHY, STEVE
Address: 3401 VISTA BLVD.
City-St-Zip: LAKE BUENA VISTA, FL 32789

Title: S () Delete
Name: SHEA, CARL
Address: 820 IRMA AVE.
City-St-Zip: ORLANDO, FL 32803

Title: T () Delete
Name: LURIE, JEFFERY
Address: 3018 HUNTINGTON ST
City-St-Zip: ORLANDO, FL 32803

Title: CD () Delete
Name: RANALDI, JOE
Address: 890 NORTHERN WAY
City-St-Zip: WINTER SPRINGS, FL 32708

Title: CD () Delete
Name: BURKE, BOB
Address: 100 COLONIAL CENTER PKWY, STE. 150
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: MCNICHOLAS, JACKI
Address: 1000 REUNION WAY, STE. 300
City-St-Zip: REUNION, FL 34747

Title: PE (X) Change () Addition
Name: MURPHY, STEVE
Address: 890 NORTHERN WAY
City-St-Zip: WINTER SPRINGS, FL 32708

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

Title: T (X) Change () Addition
Name: KHANLI, HAMID
Address: P.O. BOX 940607
City-St-Zip: MAITLANDO, FL 32794

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 Chapter 119, 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: KAREN D. JONES

ED

01/25/2006

Electronic Signature of Signing Officer or Director

_____ Date