

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00266

FILED
Feb 16, 2010
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: PRES
Name: LEMONS, TIM
Address: 109 EAST CHURCH STREET, STE. 150
City-St-Zip: ORLANDO, FL 32801

Title: PE
Name: REEP, RICHARD
Address: 2815 NORTH AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: D
Name: LURIE, JEFFREY
Address: 109 EAST CHURCH STREET, STE. 150
City-St-Zip: ORLANDO, FL 32801

Title: T
Name: STOCK, GREGORY
Address: 145 LINCOLN AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: S
Name: WOLF, HANK
Address: 1035 SILVER PALM LANE
City-St-Zip: MAITLAND, FL 32751

Title: ED
Name: JONES, KAREN
Address: 930 WOODCOCK ROAD, SUITE 226
City-St-Zip: ORLANDO, FL 32803

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: KAREN JONES

ED

02/16/2010

Electronic Signature of Signing Officer or Director

Date