FILE NOW: FILING FEE IS $61.25

FILED
Jun 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # N39643 (4)

1. Corporation Name
ORLANDO REGIONAL PRIDE INCORPORATED

Principal Place of Business
P O DRAWER 536392
ORLANDO FL 32853-6392

Mailing Address
P O DRAWER 536392
ORLANDO FL 32853-6392

3. Date Incorporated or Qualified: 08/23/1990

4. FEI Number: 59-3019572 — Applied For / Not Applicable

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
BARBER, ELLIOTT
639 RAMONA LANE
SUITE 1
ORLANDO FL 32805

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BARSTON, LORI		1.2 NAME		
STREET ADDRESS	1100 E SOUTH ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP		
TITLE	TV	☐ DELETE	2.1 TITLE	PRESIDENT, TREASURER D	☒ Change ☐ Addition
NAME	ROSE, JOHN E		2.2 NAME	JOHN E. ROSE	
STREET ADDRESS	2311-C S BUMBY AVE		2.3 STREET ADDRESS	2311-C S. BUMBY	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	ORLANDO, FL. 32806	
TITLE	D	☐ DELETE	3.1 TITLE	V. PRESIDENT, SECT. D	☒ Change ☐ Addition
NAME	FRITTS, DEBRA		3.2 NAME	FRITTS DEBRA.	
STREET ADDRESS	2272 RIVER PARK CIR #921		3.3 STREET ADDRESS	2272 RIVER PARK CIR #921	
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP	ORLANDO, FL.	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BARBER, ELLIOT		4.2 NAME		
STREET ADDRESS	639 RAYMONA LN		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP		
TITLE	PS	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PERRIN, LEJUNE		5.2 NAME		
STREET ADDRESS	4608 SEYBOLD AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP	DEP. $61.25	

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.

SIGNATURE: John E. Rose PRESIDENT 4/28/98 407-896-2352

CR2E037 (10/97)