

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716765

Entity Name: THE ORLANDO - UNION RESCUE MISSION**Current Principal Place of Business:**1521 W WASHINGTON ST
ORLANDO, FL 32805**Current Mailing Address:**P.O. BOX 2791
ORLANDO, FL 32802 US**FEI Number:** 59-1035082**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CLAYTON, FRED B.
1521 W. WASHINGTON ST.
ORLANDO, FL 32805 US*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:** FRED B. CLAYTON

01/14/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN/DIRECTOR
Name OLSON, MARY S
Address 415 PEACHTREE RD
City-State-Zip: ORLANDO FL 32804

Title SECRETARY/DIRECTOR
Name SMITH, MICHAEL W
Address 604 BLUE LAKE DR.
City-State-Zip: LONGWOOD FL 32779

Title TREASURER/DIRECTOR
Name DETWEILER, MAYLINDA
Address 529 VERSAILLES DR
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR
Name PHILLIPS, J DON
Address 1475 KELSO BLVD.
City-State-Zip: WINDERMERE FL 32835

Title DIRECTOR
Name CLAYTON, JOAN B
Address 1190 PARK AVENUE NORTH
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR
Name INGS, PEARL
Address 505 VERN DRIVE
City-State-Zip: ORLANDO FL 32805

Title DIRECTOR
Name SATCHER, DAVID A
Address 243 WEST PARK AVENUE
City-State-Zip: WINTER PARK FL 32789

Title PRESIDENT/CEO
Name CLAYTON, FRED B.
Address 719 N. RIO GRANDE AVE.
City-State-Zip: ORLANDO FL 32804

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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: FRED B. CLAYTON**PRESIDENT**

01/14/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MOORE, RESHON
Address 830 MCFALL AVE.
City-State-Zip: ORLANDO FL 32805

Title DIRECTOR
Name LOYAL, BRENDA K
Address 70 W. LUCERNE CIR.
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name MOORE, STEWART
Address 174 SUN PALM LANE
City-State-Zip: ALTAMONTE SPRINGS FL 32701