

**2014 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:** Yes**Name and Address of Current Registered Agent:**HARDEN, ALLEN PRE/CEO  
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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	C
Name	OLSON, MARY S
Address	415 REACHTREE RD
City-State-Zip:	ORLANDO FL 32804

Title	VP
Name	CLAYTON, FRED B
Address	2710 DISCOVERY DR STE100
City-State-Zip:	ORLANDO FL 32826

Title	DIRECTOR
Name	MELOON, RALPH CSR
Address	5218 CHISWICK CIRCLE
City-State-Zip:	ORLANDO FL 32812

Title	DIRECTOR
Name	TODD, ALBERT WJR
Address	913 COOL SPRINGS CIR
City-State-Zip:	OCOE FL 34761

Title	DIRECTOR
Name	SMITH, MICHAEL W
Address	306 E PRINCETON ST
City-State-Zip:	ORLANDO FL 32804

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

*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: MARY S. OLSON****CHAIRMAN****04/18/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date