2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00266

Entity Name: ORLANDO CHAPTER OF THE AMERICAN INSTITUTE OF

ARCHITECTS INC.

Mar 12, 2021 Secretary of State 5798303087CC

FILED

Current Principal Place of Business:

801 N MAGNOLIA AVE,

SUITE 109

ORLANDO, FL 32803

Current Mailing Address:

801 N MAGNOLIA AVE, SUITE 109 ORLANDO, FL 32803 US

FEI Number: 59-2721141 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ORLANDO FL 32803

SCARBORO, GARY 801 N MAGNOLIA AVE, **SUITE 109** ORLANDO, FL 32803 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: GARY SCARBORO 03/12/2021

> Date Electronic Signature of Registered Agent

> > City-State-Zip:

ORLANDO FL 32803

Officer/Director Detail:

City-State-Zip:

City-State-Zip:

Address

Title DIRECTOR AT LARGE Title PAST PRESIDENT ALONSO, ERNESTO Name Name NICHOLS, RONOK Address 801 N MAGNOLIA AVE, Address 801 N MAGNOLIA AVE, SUITE 109 SUITE 109 ORLANDO FL 32803 ORLANDO FL 32803 City-State-Zip: City-State-Zip:

Title DIRECTOR, EMERGING PROF Title **TREASURER** GIL, ARLENNE MANES, CARRIE Name Name

801 N MAGNOLIA AVE, Address 801 N MAGNOLIA AVE, Address

> SUITE 109 **SUITE 109**

Title STATE DIRECTOR Title DIRECTOR, EXECUTIVE Name STENGER, HOLLY Name SCARBORO, GARY

801 N MAGNOLIA AVE, Address 801 N MAGNOLIA AVE, Address

SUITE 109 **SUITE 109**

ORLANDO FL 32803 City-State-Zip: ORLANDO FL 32803

Title PRESIDENT ELECT Title DIRECTOR AT LARGE

Name COMPTON, MICHAEL Name LOZADA, ITZEL

801 N MAGNOLIA AVE, 801 N MAGNOLIA AVE, Address SUITE 109 SUITE 109

City-State-Zip: ORLANDO FL 32803 City-State-Zip: ORLANDO FL 32803

Continues on page 2

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.

03/12/2021 EXECUTIVE DIRECTOR SIGNATURE: GARY SCARBORO

Officer/Director Detail Continued:

801 N MAGNOLIA AVE,

ORLANDO FL 32803

SUITE 109

Address

City-State-Zip:

PRESIDENT ALLIED DIRECTOR Title Title Name TALBERT, REBECCA Name MACPHEE, AMANDA Address 801 N MAGNOLIA AVE, Address 801 N MAGNOLIA AVE, SUITE 109 SUITE 109

ORLANDO FL 32803 ORLANDO FL 32803 City-State-Zip: City-State-Zip:

Title DIRECTOR AT LARGE Title **SECRETARY**

JOHNSON, TIM Name SCRIME, SAMANTHA Name

Address 801 N MAGNOLIA AVE, Address 801 N MAGNOLIA AVE, SUITE 109 SUITE 109

ORLANDO FL 32803 City-State-Zip: ORLANDO FL 32803 City-State-Zip:

SECRETARY Title

JAMES, HERBERT Name