

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00266

**FILED**  
**Jan 12, 2015**  
**Secretary of State**  
**CC6803340623**

**Entity Name:** ORLANDO CHAPTER OF THE AMERICAN INSTITUTE OF ARCHITECTS INC.

**Current Principal Place of Business:**

930 WOODCOCK RD  
STE 226  
ORLANDO, FL 32803

**Current Mailing Address:**

930 WOODCOCK RD  
STE 226  
ORLANDO, FL 32803 US

**FEI Number: 59-2721141**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

RIDER, JENNIFER K  
930 WOODCOCK RD STE 226  
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: JENNIFER K RIDER**

**01/12/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title VP  
Name GIBSON, TIMOTHY A  
Address 300 RED MULBERRY CT.  
City-State-Zip: LONGWOOD FL 32779

Title OTHER, IMMEDIATE PAST PRESIDENT  
Name COHN, SANFORD L  
Address 2146 CHARLOTTE DR.  
City-State-Zip: LONGWOOD FL 32779

Title OFFICER  
Name STONE, DAVID  
Address 930 WOODCOCK RD STE 226  
City-State-Zip: ORLANDO FL 32803

Title OFFICER  
Name STENGER, HOLLY  
Address 930 WOODCOCK RD STE 226  
City-State-Zip: ORLANDO FL 32803

Title OFFICER  
Name TALBERT, REBECCA  
Address 930 WOODCOCK RD STE 226  
City-State-Zip: ORLANDO FL 32803

Title OFFICER  
Name NICHOLS, RONOK  
Address 930 WOODCOCK RD STE 226  
City-State-Zip: ORLANDO FL 32803

Title OFFICER  
Name SANCHEZ DE FUENTES, ALBERTO  
Address 930 WOODCOCK RD STE 226  
City-State-Zip: ORLANDO FL 32803

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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: JENNIFER RIDER**

**EXECUTIVE DIRECTOR**

**01/12/2015**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title OFFICER  
Name CLUFF, MICHAEL  
Address 930 WOODCOCK RD  
STE 226  
City-State-Zip: ORLANDO FL 32803

Title OFFICER  
Name SOLLOG, CLARICE  
Address 930 WOODCOCK RD  
STE 226  
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR  
Name RIDER, JENNIFER K  
Address 930 WOODCOCK RD  
STE 226  
City-State-Zip: ORLANDO FL 32803

Title TREASURER  
Name JERONIMO, JOHN  
Address 930 WOODCOCK RD  
STE 226  
City-State-Zip: ORLANDO FL 32803

Title OFFICER  
Name GORDON, DANNY  
Address 930 WOODCOCK RD  
STE 226  
City-State-Zip: ORLANDO FL 32803

Title OFFICER  
Name CASEY, KEVIN  
Address 930 WOODCOCK RD  
STE 226  
City-State-Zip: ORLANDO FL 32803

Title PRESIDENT  
Name CHATHAM, MICHAEL K  
Address 632 BENTLEY LN.  
City-State-Zip: MAITLAND FL 32751

Title SECRETARY  
Name MACPHEE, ANDREW  
Address 930 WOODCOCK RD  
STE 226  
City-State-Zip: ORLANDO FL 32803