

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00266

FILED
Apr 23, 2019
Secretary of State
8576812562CC

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

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:

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

04/23/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR	Title	VP
Name	FORBES, RICHARD	Name	NICHOLS, RONOK
Address	801 N MAGNOLIA AVE, SUITE 109	Address	801 N MAGNOLIA AVE, SUITE 109
City-State-Zip:	ORLANDO FL 32803	City-State-Zip:	ORLANDO FL 32803
Title	DIRECTOR, EMERGING PROF	Title	SECRETARY
Name	NAJLE, LUCAS	Name	MANES, CARRIE
Address	801 N MAGNOLIA AVE, SUITE 109	Address	801 N MAGNOLIA AVE, SUITE 109
City-State-Zip:	ORLANDO FL 32803	City-State-Zip:	ORLANDO FL 32803
Title	STATE DIRECTOR	Title	PRESIDENT
Name	BOYLE, TREVOR	Name	RIVERA , HERNAN
Address	801 N MAGNOLIA AVE, SUITE 109	Address	801 N MAGNOLIA AVE, SUITE 109
City-State-Zip:	ORLANDO FL 32803	City-State-Zip:	ORLANDO FL 32803
Title	DIRECTOR	Title	DIRECTOR, EXECUTIVE
Name	CAMPBELL, TERESA	Name	SCARBORO, GARY
Address	801 N MAGNOLIA AVE, SUITE 109	Address	801 N MAGNOLIA AVE, 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.

SIGNATURE: GARY SCARBORO

EXEC DIR

04/23/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name COMPTON, MICHAEL
Address 801 N MAGNOLIA AVE,
 SUITE 109
City-State-Zip: ORLANDO FL 32803

Title PAST PRESIDENT
Name MACPHEE, ANDREW
Address 801 N MAGNOLIA AVE,
 SUITE 109
City-State-Zip: ORLANDO FL 32803

Title TREASURER
Name ELSHEIKH, SAM
Address 801 N MAGNOLIA AVE,
 SUITE 109
City-State-Zip: ORLANDO FL 32803

Title ALLIED DIRECTOR
Name LEWIS, LAURA
Address 801 N MAGNOLIA
 SUITE 109
City-State-Zip: ORLANDO FL 32801