

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000001518

**FILED**  
**Apr 03, 2024**  
**Secretary of State**  
**7378804842CC**

**Entity Name:** DR. NELSON YING ORANGE COUNTY SCIENCE EXPOSITION, INC.

**Current Principal Place of Business:**

C/O MARCO POLO COLUMBUS & FERRARI  
9101 S.R. 535  
ORLANDO, FL 32836

**Current Mailing Address:**

POST OFFICE BOX 22887  
LAKE BUENA VISTA, FL 32830

**FEI Number: 26-1197224**

**Certificate of Status Desired: Yes**

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

YU, CYNTHIA MS.  
C/O MARCO POLO COLUMBUS AND FERRARI  
9101 SR 535  
ORLANDO, FL 32836 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 PD  
Name YING, DR. NELSON SR  
Address 9101 S.R. 535  
City-State-Zip: ORLANDO FL 32836

Title TD  
Name YU, CYNTHIA  
Address 1610 AVENUE OF THE STARS  
City-State-Zip: LAKE BUENA VISTA FL 32830

Title SD  
Name YING, NELSON JR  
Address 9099 STATE ROAD 535  
City-State-Zip: ORLANDO FL 32836

*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: NELSON YING**

**PRES**

**04/03/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date