

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

DOCUMENT# N09000003979

**FILED**  
**Feb 23, 2015**  
**Secretary of State**  
**CC7809657879**

**Entity Name:** ORLANDO CHAPTER OF THE INTERNATIONAL FACILITY MANAGEMENT ASSOCIATION, INC.

**Current Principal Place of Business:**

800 GESSNER  
STE 900  
HOUSTON, TX 77024

**Current Mailing Address:**

800 GESSNER  
STE 900  
HOUSTON, TX 77024

**FEI Number: 59-3024450**

**Certificate of Status Desired: No**

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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            PRES  
Name            KING, DARLENE  
Address        800 GESSNER STE 900  
City-State-Zip: HOUSTON TX 77024

Title            VP  
Name            ERICKSON, AMIE  
Address        800 GESSNER STE 900  
City-State-Zip: HOUSTON TX 77024

Title            SEC  
Name            CLOUD KELLY, LISA  
Address        800 GESSNER STE 900  
City-State-Zip: HOUSTON TX 77024

Title            TREA  
Name            PONIK, RENEE  
Address        800 GESSNER  
City-State-Zip: HOUSTON TX 77024

Title            COMPONENTS MANAGER  
Name            RESSLER, MARY  
Address        800 GESSNER  
                  STE 900  
City-State-Zip: HOUSTON TX 77024

*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 RESSLER**

**COMPONENTS MANAGER 02/23/2015**

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

\_\_\_\_\_  
Date