

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

DOCUMENT# N12000001846

**Entity Name:** ORLANDO COMMUNITY ARTS, INC.

**Current Principal Place of Business:**

1003 S. KIRKMAN ROAD  
ORLANDO, FL 32811

**Current Mailing Address:**

1003 S. KIRKMAN ROAD  
ORLANDO, FL 32811 US

**FEI Number:** 45-4168216

**Certificate of Status Desired:** No

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

PAGE, BEVERLY  
5839 STRADA CAPRI WAY  
ORLANDO, FL 32835 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 D  
Name BRADFORD, SHERI D  
Address 5839 STRATA CAPRI WAY  
City-State-Zip: ORLANDO FL 32835

Title PRESIDENT  
Name PAGE, BEVERLY  
Address 5839 STRADA CAPRI WAY  
City-State-Zip: ORLANDO FL 32835

Title DIRECTOR  
Name NOEL, ADRIENNE  
Address 8021 WELLSMERE CIRCLE  
City-State-Zip: ORLANDO FL 32835

Title DIRECTOR  
Name RILEY, MONICA AVIS  
Address 4519 LAKE CALABAY DRIVE  
City-State-Zip: ORLANDO, FL 32837 FL 32837

Title DIRECTOR  
Name BROWN, ALIYA  
Address 419 CINNAMON BARK LANE  
City-State-Zip: ORLANDO FL 32835

Title DIRECTOR  
Name LACOUNT, ANICIA  
Address 141 OWENSHIRE CIRCLE  
City-State-Zip: KISSIMMEE FL 34744

*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:** BEVERLY PAGE

**PRESIDENT**

**03/21/2024**

Electronic Signature of Signing Officer/Director Detail

Date