

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

DOCUMENT# N14000011486

**FILED**  
**Sep 10, 2015**  
**Secretary of State**  
**CC5679501616**

**Entity Name:** ORLANDO FEDERAL LODGE, INC

**Current Principal Place of Business:**

5201 RAYMOND STREET  
ORLANDO, FL 32803

**Current Mailing Address:**

PO BOX 721068  
ORLANDO, FL 32872 US

**FEI Number:** 47-1370287

**Certificate of Status Desired:** No

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

ALDRIDGE, JAMES  
1219 SHOSHANNA DRIVE  
ORLANDO, FL 32825 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 P  
Name VOLPE, ROBERT  
Address 7649 MONTAGUE LOOP  
City-State-Zip: NEW PORT RICHEY FL 34655

Title VP  
Name DIAZ, ADALBERTO  
Address 5201 RAYMOND STREET  
City-State-Zip: ORLANDO FL 32803

Title S  
Name GARCIA, JOSE  
Address 5201 RAYMOND STREET  
City-State-Zip: ORLANDO FL 32803

Title TRUS  
Name ALDRIDGE, JAMES  
Address 1219 SHOSHANNA DR  
City-State-Zip: ORLANDO FL 32825

*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:** JAMES ALDRIDGE

**TRUSTEE**

**09/10/2015**

Electronic Signature of Signing Officer/Director Detail

Date