

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000007931

**Entity Name:** SECURED FINANCE NETWORK, ORLANDO CHAPTER, INC.

**FILED**  
**Apr 30, 2019**  
**Secretary of State**  
**5695866158CC**

**Current Principal Place of Business:**

200 SOUTH ORANGE AVENUE  
SUITE 800  
ORLANDO, FL 32801

**Current Mailing Address:**

200 SOUTH ORANGE AVENUE  
SUITE 800  
ORLANDO, FL 32801

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: No**

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

VALLEY, MARY-BETH T  
200 SOUTH ORANGE AVENUE  
SUITE 800  
ORLANDO, FL 32801 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 KAPOOR, NIMIT  
Address 200 E. ROBINSON STREET  
City-State-Zip: ORLANDO FL 32801

Title D  
Name MCDIRMIT, CHRISTOPHER  
Address 255 S ORANGE AVENUE, SUITE 1545  
City-State-Zip: ORLANDO FL 32801

Title D  
Name GREGORY, AGNES  
Address 2437 E. LANDSTREET ROAD  
City-State-Zip: ORLANDO FL 32824

*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: NIMIT KAPOOR**

**D**

**04/30/2019**

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

\_\_\_\_\_  
Date