

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000007931

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

**FILED**  
**Mar 06, 2023**  
**Secretary of State**  
**1082628708CC**

**Current Principal Place of Business:**

1000 LEGION PL  
SUITE 1200  
ORLANDO, FL 32801-1005

**Current Mailing Address:**

1000 LEGION PL  
SUITE 1200  
ORLANDO, FL 32801-1005 US

**FEI Number: 83-1736888**

**Certificate of Status Desired: No**

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

VALLEY, MARY-BETH T  
1000 LEGION PL  
SUITE 1200  
ORLANDO, FL 32801-1005 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 VALLEY, MARY-BETH  
Address 1000 LEGION PL  
SUITE 1200  
City-State-Zip: ORLANDO FL 32801-1005

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

Title DIRECTOR  
Name MASCHOFF, ERICH  
Address 301 EAST PINE STREET  
SUITE 1000  
City-State-Zip: ORLANDO FL 32801

*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-BETH THERESA VALLEY**

**DIRECTOR**

**03/06/2023**

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

\_\_\_\_\_  
Date