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: JESSE FMARQUETTE

Electronic Signature of Signing Officer/Director Detail

	Electronic Signature of Registered Agent				
Officer/Director Detail :					
Title	CHAIRMAN	Title	SECRETARY		
Name	OWENS, THOMAS	Name	HENRY, ROD PHD		
Address	535 WHIPPOORWILL LANE	Address	535 WHIPPOORWILL LANE		
City-State-Zip:	OVIEDO FL 32765	City-State-Zip:	OVIEDO FL 32765		
Title	TREASURER				
Name	MARQUETTE, JESSE FRANK PHD				
Address	535 WHIPPOORWILL LANE				
City-State-Zip:	OVIEDO FL 32765				

ame and Address of Current Registered Agent.	
ARQUETTE, JESSE FRANK PHD	

## **Current Mailing Address:**

OVIEDO, FL 32765 US

# FEI Number: 84-3086458

# Name and Address of Current Registered Agent:

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.

# DOCUMENT# N1900008624

Entity Name: ORLANDO ALLIANCE OF SOMMELIERS, INC.

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## **Current Principal Place of Business:**

535 WHIPPOORWILL LANE OVIEDO, FL 32765

535 WHIPPOORWILL LANE

### FILED Apr 05, 2023 Secretary of State 4690023957CC

04/05/2023

Date

Certificate of Status Desired: No

TREASURER

04/05/2023

Date

MA 535 WHIPPOORWILL LANE OVIEDO, FL 32765 US

SIGNATURE: JESSE F. MARQUETTE