

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31232

Entity Name: PARTNERSHIP FOR PHILANTHROPIC PLANNING OF GREATER ORLANDO, INC.**FILED**
Jan 09, 2014
Secretary of State
CC2953895241**Current Principal Place of Business:**C/O STEPHEN D. DUNEGAN ESQ,
55 NORTH DILLARD STREET
WINTER GARDEN, FL 34787**Current Mailing Address:**C/O STEPHEN D. DUNEGAN ESQ,
55 NORTH DILLARD STREET
WINTER GARDEN, FL 34787 US**FEI Number: 59-2936260****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**DUNEGAN, STEPHEN D
55 NORTH DILLARD STREET
WINTER GARDEN, FL 34787 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	VP, DIRECTOR
Name	THOMAS, SCOTT
Address	511 NORTH MAITLAND AVENUE
City-State-Zip:	MAITLAND FL 32751

Title	PRESIDENT, DIRECTOR
Name	LEE-FATT, KAREN L.
Address	FIRST NATIONAL BANK MOUNT DORA P.O. BOX 1406
City-State-Zip:	MOUNT DORA FL 32756

Title	TREASURER, DIRECTOR
Name	WALES, MICHELE
Address	BATTS MORRISON WALES & LEE, P.A. 801 NORTH ORANGE AVENUE, SUITE 800
City-State-Zip:	ORLANDO FL 32801

Title	VP, DIRECTOR
Name	MARSHALL, CANDACE
Address	800 NORTH MAGNOLIA AVE., 9TH FLOOR
City-State-Zip:	ORLANDO FL 32803

Title	VP, DIRECTOR
Name	BREWER, GARY
Address	CENTRAL FLORIDA COUNCIL BOY SCOUTS OF AMERICA 1951 SOUTH ORANGE BOULEVARD
City-State-Zip:	APOPKA FL 32703

Title	DIRECTOR
Name	DUNEGAN, STEPHEN D.
Address	420 SOUTH ORANGE AVENUE SUITE 1200
City-State-Zip:	ORLANDO FL 32801

Title	SECRETARY, DIRECTOR
Name	PROCTOR, WENDY
Address	ORLANDO HEALTH FOUNDATION 3160 SOUTHGATE COMMERCE BOULEVARD SUITE 50
City-State-Zip:	ORLANDO FL 32806

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: STEPHEN D. DUNEGAN**DIRECTOR****01/09/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date