

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701668

FILED
Feb 26, 2009
Secretary of State

Entity Name: ORLANDO AREA ADVERTISING FEDERATION, INC.

Current Principal Place of Business:

14 E. WASHINGTON STREET
SUITE 405
ORLANDO, FL 32801

New Principal Place of Business:

11812 N 56TH STREET
TAMPA, FL 33617

Current Mailing Address:

P.O. BOX 540014
ORLANDO, FL 32854

New Mailing Address:

11812 N 56TH STREET
TAMPA, FL 33617

FEI Number: 59-1623474

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUCCI, WAGNER
14 E. WASHINGTON STREET
SUITE 405
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

JEFFCOAT, SARAH
11812 N 56TH STREET
TAMPA, FL 33617 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: SARAH JEFFCOAT

02/26/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BUCCI, WAGNER
Address: 14 E. WASHINGTON STREET, SUITE 405
City-St-Zip: ORLANDO, FL 32801

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: LEE, JON
Address: 130 S ORANGE AVE., STE. 204
City-St-Zip: ORLANDO, FL 32801

Title: TD () Change (X) Addition
Name: BLAIR, RENEE
Address: 404 SUMMITT RIDGE PL., #206
City-St-Zip: LONGWOOD, FL 32779

Title: SD () Change (X) Addition
Name: MORRIS, DEBBIE
Address: 931 N STATE RD 434, STE. 1201-184
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MD () Change (X) Addition
Name: JEFFCOAT, SARAH
Address: 11812 N 56TH STREET
City-St-Zip: TAMPA, FL 33617

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SARAH JEFFCOAT

MD

02/26/2009

Electronic Signature of Signing Officer or Director

Date