

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705724

FILED
Jul 02, 2009
Secretary of State

Entity Name: TEN NINETY ONE BUILDING, INC.

Current Principal Place of Business:

4790 DEAUVILLE DRIVE
ORLANDO, FL 32808

New Principal Place of Business:

Current Mailing Address:

4790 DEAUVILLE DRIVE
ORLANDO, FL 32808

New Mailing Address:

FEI Number: 59-6139993 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MOTEN, RAYMOND B
2018 TORREY DR
ORLANDO, FL 32818 US

Name and Address of New 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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: MOTEN, RAYMOND
Address: 2018 TORREY DRIVE
City-St-Zip: ORLANDO, FL 32818

Title: VC () Delete
Name: SHELTON, BYRON
Address: 431 W CHARLOTLE AVE
City-St-Zip: EUSTIS, FL 32726

Title: S () Delete
Name: FORD, GORDON
Address: 107 FRANCISCO WAY
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D () Delete
Name: ULBIN, SHANE
Address: 704 CRESTWOOD WAY
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D () Delete
Name: CENTENO, MIRAM
Address: 575 NORTHBRIDGE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: C () Delete
Name: FLYNN, PATRICK
Address: 802 MT VERNON PKWY
City-St-Zip: ALTAMONTE SPRINGS, FL 32706

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: RAYMOND MOTEN

T

07/02/2009

Electronic Signature of Signing Officer or Director

_____ Date