

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719959

FILED
Apr 14, 2009
Secretary of State

Entity Name: EXECUTIVE ASSOCIATION OF GREATER ORLANDO, INC.

Current Principal Place of Business:

1006 CUTOFF BRANCH CT
OVIEDO, FL 32765 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 781352
ORLANDO, FL 32878

New Mailing Address:

FEI Number: 59-1466562

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PULLIAS, CARRIE L
1006 CUTOFF BRANCH CT
OVIEDO, FL 32765 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: P () Delete
Name: BARRETT, JERRY
Address: 467 SILVER DEW ST
City-St-Zip: LAKE MARY, FL 32746

Title: V () Delete
Name: LEONARD, JEFF
Address: 120 NORTH TRIPLET LAKE DR
City-St-Zip: CASSELBERRY, FL 32707

Title: T () Delete
Name: BELTON, DOUG
Address: 4044 W. LAKE MARY BLVD
City-St-Zip: LAKE MARY, FL 32746

Title: D () Delete
Name: PITT, DAVE
Address: 1492 W. FAIRBANKS AVE
City-St-Zip: WINTER PARK, FL 32789 US

Title: D () Delete
Name: ENGELMEIER, CARL
Address: 4800 WOFFORD LANE
City-St-Zip: ORLANDO, FL 32810

Title: D () Delete
Name: CASTIGLIONE, JOE
Address: 925 S. SEMORAN BLVD
City-St-Zip: WINTER PARK, FL 32792

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: D (X) Change () Addition
Name: COPLEY, MELVA
Address: 1208 DEER RUN
City-St-Zip: WINTER SPRINGS, FL 32708 US

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

Title: D (X) Change () Addition
Name: BARNES, RUSS
Address: 6357 EDGEWATER DRIVE
City-St-Zip: ORLANDO, FL 32810

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: CARRIE L PULLIAS

ED

04/14/2009

Electronic Signature of Signing Officer or Director

Date