2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005
Secretary of State

DOCUMENT# 725898

Entity Name: ORLANDO LACROSSE CLUB, INC.

Current Principal Place of Business:

P.O. BOX 2967
ORLANDO, FL 32802

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2967
ORLANDO, FL 32802

New Mailing Address:

FEI Number: 51-0143082 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ABRAMS LEHN E.
801 N MAGNOLIA AVE., SUITE 201
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

ABRAMS LEHN E.
605 EAST ROBINSON STREET
SUITE 730
ORLANDO, FL 32801 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: LEHN E. ABRAMS 02/09/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: KIENLE, THOMAS
Address: 8022 NASHUA LANE
City-St-Zip: ORLANDO, FL 32817

Title: VPD ( ) Delete
Name: KIENLE, ROBERT
Address: 414 REGAL STREET
City-St-Zip: CLERMONT, FL 34711

Title: STD ( ) Delete
Name: WILLIAMS, TONY
Address: 14521 POINTE EAST TRAIL
City-St-Zip: CLERMONT, FL 34711

Title: T ( ) Delete
Name: KIENLE, TOM
Address: 9024 SUMMIT CENTER WAY #2106
City-St-Zip: ORLANDO, FL 32810

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
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TOM KIENLE P 02/09/2005
Electronic Signature of Signing Officer or Director Date