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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

740633

(3)

ECONOMICS CLUB OF ORLANDO, INC.

225 E. ROBINSON ST. FACO PO BOX 2854 ORLANDO FI. 2802-2654 22 Principal Place of Business 22 A. Malling Address 23 A. FER Number Sulfa, Apt. #, etc. 24 Sulfa, Apt. #, etc. 25 Sulfa, Apt. #, etc. 26 Crificate of Status Deared 27 Crificate of Status Deared 28 Country 29 Country 21										
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9. Name and Address of Current Registered Agent HARBERT, RONALD A 225 E. ROBINSON ST.,#600 ORLANDO FL 32801 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable)		Country		Coun	itry	······································	ity for Intangibl	····		
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225 E. ROBINSON ST.,#600 ORLANDO FL 32801 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regist office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as regist agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, lipsed or periest rame of impassed agent and title 4 applicable. (NOTE Registered Agent signature required when reintation) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE PARK FL. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE PARK FL. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE PARK ELEMENT AGENT AGEN				1	81 Name					
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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida Statutes. I further certify that the	14. I do hereb	by certify that the information supplied	with this filing does not qua	alify for the e	exemption	stated in Section 119.07(3)(i), Florida	Statutes. I furth	er certify that	the	
information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under or 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	informatio	n indicated on this an∩ual report or s fficer or director of the cornoration or	upplemental annual report is the receiver or trustee embo	s true and a owered to e	ccurate and decute this	o tnat my signature shall have the sar report as required by Chapter 617. Fi	не regai effect a orida Statutes:	as if made und and that my n	per oath; tha iame	

CIGNATURE

IGNATURE (NE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # 0017947

FILED

May 13 1997 8:00am

Secretary of State

A BRANKA KARIN MAKAN BAKKA BAKKA KAKAN AKKA BARIN BARAN BARIN BARIN BARKA BARKA BARKA BARKA BARKA BARKA BARKA BARKA