

FILE NOW: FILING FEE IS \$61.25

FILED  
May 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **740633** (3)

1. Corporation Name

**ECONOMICS CLUB OF ORLANDO, INC.**

Principal Place of Business

225 E. ROBINSON ST., #600  
PO BOX 2854  
ORLANDO FL 32802-2854

Mailing Address

P. O. BOX 533991  
ORLANDO FL 32853-3991  
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified  
**10/27/1977**

3a. Date of Last Report  
**01/25/1996**

4. FEI Number

**59-1809264**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for Intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HARBERT, RONALD A**  
**225 E. ROBINSON ST., #600**  
**ORLANDO FL 32801**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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 registered 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 registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> DELETE
NAME	RUTLEDGE, HARRY	
STREET ADDRESS	805 DELANEY	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D/S	<input checked="" type="checkbox"/> DELETE
NAME	BUNK, MARY	
STREET ADDRESS	555 LAKE BORDER DR.	
CITY-ST-ZIP	APOPKA FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	HELMICK, VICKI	
STREET ADDRESS	1312 STERLING OAKS DR.	
CITY-ST-ZIP	CASSELBERRY FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	WALLACE, DAN	
STREET ADDRESS	201 CANTON AVE.	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NELSON, JACK E	
STREET ADDRESS	423 COUNTRY CLUB DR	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HERRING, LARRY J.	
STREET ADDRESS	1477 W FAIRBANK AVE., SUITE 200	
CITY-ST-ZIP	WINTER PARK FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<b>PRESIDENT</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>JOE REGNER</b>
2.3 STREET ADDRESS	<b>1031 WEST MORSE BLVD</b>
2.4 CITY-ST-ZIP	<b>WINTER PARK, FL 32789</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<b>DIRECTOR</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<b>VICE PRESIDENT</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>JODY WEISS</b>
6.3 STREET ADDRESS	<b>103 STEVENAGE CT</b>
6.4 CITY-ST-ZIP	<b>LONGWOOD, FL 32719</b>
	<b>DIRECTOR SECRETARY</b>

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), Florida Statutes. I further 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 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0017947

CR2E037 (9/96)